

# KEY COLLEGE

"Your Key To A Bright Future"

2810 E. Oakland Park Blvd., Suite #305 • Ft. Lauderdale, FL 33306

(754) 312-2898

## APPLICATION FOR ADMISSION

APPLICANT'S LAST NAME	FIRST NAME (SPACE) MIDDLE NAME	**SOCIAL SECURITY NO.
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STREET ADDRESS OR BOX NO.	CITY	STATE	ZIP CODE
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MAIDEN	** DATE OF BIRTH MO DAY YEAR	**AGE	** SEX M   F	PHONE (AREA CODE)
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E-MAIL
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**PARENTS / GUARDIAN / SPOUSE**

MR	MRS	MS	LAST NAME (SPACE) FIRST NAME ) SPACE MIDDLE NAME	PHONE (AREA CODE)
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**PARENTS' / GUARDIAN PRESENT ADDRESS**

STREET ADDRESS OR BOX NO.	CITY	STATE	ZIP CODE
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NAME OF HIGH SCHOOL
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STREET ADDRESS
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CITY	STATE	ZIP CODE
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HIGH SCHOOL G.P.A.	SAT/ACT/ WPCT TEST TAKEN?	HIGHEST GRADE COMPLETED	CHECK ONE: <input type="checkbox"/> HIGH SCHOOL GRADUATE <input type="checkbox"/> STILL IN HIGH SCHOOL PLANNING TO GRADUATE <input type="checkbox"/> G.E.D. CERTIFICATE AWARDED	DATE OF ACTUAL HIGH SCHOOL GRADUATION OR DATE OF GED CERTIFICATE: MONTH   YEAR
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<b>APPLICANT PLACE OF BIRTH</b> CITY   STATE/COUNTRY	<b>CITIZEN CODES</b> <input type="checkbox"/> CITIZEN <input type="checkbox"/> PERM RESIDENT <input type="checkbox"/> VISA	<b>COUNTRY CODE</b>	<b>**RACE/ETHNIC GROUP CODES</b> <input type="checkbox"/> (1) BLACK <input type="checkbox"/> (2) AMERICAN INDIAN <input type="checkbox"/> (3) HISPANIC <input type="checkbox"/> (5) ASIAN <input type="checkbox"/> (6) WHITE
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<b>IF NOT UNITED STATES CITIZEN</b> COUNTRY OF RESIDENCE   NATIONALITY	VISA NO / PERMANENT RESIDENT NO	CLASSIFICATION	INTERNATIONAL STUDENT/ FOREIGN GRADUATE TOEFL YES   NO ELS TAKEN	TOEFL SCORE	ELS COMPLETION DATE YES   NO	I20 NEEDED YES   NO	CHECK IF ASSISTANCE NEEDED IN LOCATING: PART-TIME EMPLOYMENT YES   NO HOUSING YES   NO	TEST/FA DATE MO   DAY   YR	AMOUNT PAID
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Please indicate attendance at a University College Technical or Trade School beyond the High School level If answer is yes complete the following for all schools attended	YES   NO	Representative's Signature
SCHOOL NAME	DATES OF ATTENDANCE From   To	

FOR THE CLASS BEGINNING	MONTH   YEAR
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<input type="checkbox"/> \$50 APPLICATION FEE	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK NO.	<input type="checkbox"/> CREDIT CARD
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<input type="checkbox"/> Certificate <input type="checkbox"/> Academic Associate Degree <input type="checkbox"/> F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> On Campus <input type="checkbox"/> Online
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FORMER STUDENT OR APPLICANT YES   NO	IF YES, DATE OF FIRST APPLICATION MONTH   YEAR
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CATALOG RECEIVED?	YES   NO
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I certify that all information given about myself in this application is true, accurate, and complete. Attached please find my check or money order for \$50.00, payable to KEY COLLEGE. I understand that the \$50.00 application fee constitutes full payment for your processing of this application, and that it is non-refundable unless the application is rejected, or unless I write to you requesting a refund within 5 business days (4) after signing this application, in which case it will be refunded in full.

SIGNATURE OF APPLICANT  
 I HEREBY AUTHORIZE RELEASE OF MY TRANSCRIPT

MO | DAY | YEAR

**FOR APPLICANTS WHO ARE MINORS**  
 If enrollee has not reached the age of majority under state law in the state of buyer's residence, please have parent or legal guardian complete this section.

SIGNATURE OF PARENT OR GUARDIAN  
 DATE

**TRANSCRIPT RELEASE**  
 I hereby authorize KEY COLLEGE to release information regarding my enrollment, activities, honors, other achievements, graduation and job placement to newspapers, my high school, and other departments within KEY COLLEGE and grant KEY COLLEGE permission to use this information in informational and promotional materials it publishes.  
 CHECK ONE:  YES  NO

SIGNATURE  
 DATE

\*\*OPTIONAL INFORMATION