



# Transitional Program Application for Admissions

2500 E. Nutwood Ave, Fullerton,  
CA 92831  
888-352-HOPE  
FAX: (714) 681-7450  
Email: [hiuadmissions@hiu.edu](mailto:hiuadmissions@hiu.edu)

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Street City State Zip

Current Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex (check one)  Male  Female

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Marital Status (check one)  Single  Married If married, Name of Spouse \_\_\_\_\_

Name of  Parent(s) or  Guardian(s) (if unmarried dependent) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**College Currently Attending**

College Name \_\_\_\_\_

College Address \_\_\_\_\_  
Street City State Zip

**Ethnic Origin (Optional) - Please choose a single category with which you most identify**

- American-Indian  White  Black  Hispanic or Latino  Asian  Native Hawaiian/Pacific Islander  
 Other (Please Specify) \_\_\_\_\_

Are you a citizen of the United States of America (check one)?  Yes  No If no, of what country? \_\_\_\_\_

If you are not a U.S. citizen, please indicate your immigration status:  
 International Student  Visiting Scholar  
 Permanent Resident  Resident Alien  Other

**Level of education completed (check all that apply):**  High School  Some College  Bachelor Degree  Masters Degree

**Important!** In order to upgrade to a degree program, applicants are required to re-apply, following the admissions process and requirements for degree-seeking applicants.

Course Number	Course Title	Units	Start Date	Office Use:

**Certification**

I hereby certify that the information contained in this application is accurate and complete to the best of my knowledge. If admitted to Hope International University, I commit myself to abide by all rules and regulations of the University, whether academic or disciplinary, to conduct myself at all times in keeping with the purpose of the University, and to apply myself to study and to fulfill the course requirements to the best of my ability. I understand that all admissions materials or information submitted becomes the property of the University and are not returnable.

Student Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Return completed application to Hope International University, Att: Online and Graduate Admissions.