

**Distance Education**  
**SWSPU Students Service Center**  
**Student Application Form**

Southwestern University     Saint Paul University     DePaul University    (Copies available)

<b>Legal Name</b>	Family/ last name	First	Mid.
<b>Current Mailing Add.</b>	Street Number	Street Name	City      State & Zip
<b>Office Tel.</b>	(      )		<b>Home Tel.</b> (      )
<b>Birthday</b>	Month/ Day/ Year/	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Social Security No.</b>	-      -	Native Place	Age
<b>Education Background</b>	High School: Associate Degree	College: University:	
<b>Working Experience</b>			
<b>Enroll for</b>	<input type="checkbox"/> Unit <input type="checkbox"/> Associate Bachelor <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctor		
<b>Department Selected</b>	<input type="checkbox"/> College of Oriental Medicine		<input type="checkbox"/> Graduate Division of Oriental Medicine Research <input type="checkbox"/> Graduate Division of Nursing Research <input type="checkbox"/> Graduate Division of Genetics Medical Research
	<input type="checkbox"/> College of Religion <input type="checkbox"/> College of Theology		<input type="checkbox"/> Graduate Division of Religion Research <input type="checkbox"/> Graduate Division of Theology Research
	<input type="checkbox"/> College of Business <input type="checkbox"/> College of Literature & Arts		<input type="checkbox"/> Graduate Division of Business Research <input type="checkbox"/> Graduate Division of Literature & Arts Research
<b>Regulations Of Enrollment</b>	I, the undersigned, am willing to abide by the regulations of enrollment of the university. Any drop of classes during the semester will regard as voluntary abstention and no claim is allowed. I also hereby agree to give up my right of counterpleading.		
<b>All the information given above is true and correct to the best of my knowledge.</b>			
<b>Applicant Signature:</b>		<b>Date:</b>	