

# Admission Packet

# Amerstate University



**2009-2010**

**Amerstate University**

401 Wisconsin Avenue, Racine, WI 53403 USA

Tel: 262-635-0615 Fax: 262-635-0989 Email: [info@auwi.org](mailto:info@auwi.org)

# Amerstate University

## APPLICANT INFORMATION

(Please print or type)

Last Name \_\_\_\_\_

First and Middle Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Citizenship (if dual, please indicate) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State/Province, ZIP \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_



**Check appropriate boxes:** \_\_\_ Male \_\_\_ Female

How did you hear about Amerstate University?

\_\_\_\_\_

Do you have any special medical or dietary restrictions or requirements; or are you taking any medications? (Including allergies and/or detailed information about medications) If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

## CURRENT INTENT AND OBJECTIVE

\_\_\_ on Campus Course:

Applying for term beginning: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Session

Enrollment Status: \_\_\_ Full-time \_\_\_ Part-time

Program of Study: \_\_\_ English as a Second Language  
\_\_\_ Master's of Science in Martial Arts

\_\_\_ Distance Learning Program:

Applying for term beginning: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Session

Enrollment Status: \_\_\_ Full-time \_\_\_ Part-time

Program of Study: \_\_\_ Master's of Science in Martial Arts

## FAMILY INFORMATION

	Relationship	Name	DOB	Occupation
1				
2				
3				
4				
5				

**ACADEMIC BACKGROUND**

Last school attended: \_\_\_\_\_

Year graduated/GED completion: \_\_\_\_\_

Is English your first language? \_\_\_ Yes \_\_\_ No

If English is not your first language, did you begin English before the age of 12?

\_\_\_ Yes \_\_\_ No     If yes, indicate age \_\_\_\_\_

Where did you learn English? \_\_\_\_\_

What university are you attending, or did you graduate from?

\_\_\_\_\_  
What is your major?

\_\_\_\_\_  
Describe what you hope to achieve through the Master of Science in Martial Arts program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Complete and send ALL Application Forms along with a non-refundable \$100.00 Application Fee payable to:

**Amerstate University, LTD**  
**401 Wisconsin Ave.**  
**Racine, WI 53403**

Tel: (262) 635-0614  
Fax: (262) 635-0989  
E-mail: info@auwi.org

**(Faxed or e-mailed applications are not considered complete until the fee is received.)**

**The following documents are necessary to complete the application process.**

**All applicants must include:**

- Application Form
- Release Statement
- \$100 non-refundable Application Fee
- Copies of any awards or recognition of achievement
- Two (2) pictures of yourself

**and**

- Official transcripts (Bachelor's Degree)

**or**

- High School diploma
- Certification of qualification of 4th Dan or higher Black Belt in Martial Arts
- Certificate of qualification of Master Instructor in Martial Arts
- 12 years proven teaching experience

**Course enrollment is available at any time during the year.**

**Orientation and coursework will begin upon acceptance into the program.**

## Applicant's Release Statement



### HEALTH/MEDICAL, FINANCIAL AND ACADEMIC RELEASE STATEMENT

I have read all of the information and requirements to attend Amerstate University, Ltd. I fully understand the cost of the program and agree to accept responsibility for payment of these expenses. In case of illness/injury, permission is granted to any appropriate medical center to examine or treat and make any referral deemed necessary.

Permission is also granted to release medical information to other appropriate individuals. I hereby waive and release the program management and sponsors from any liability for any injury or illness incurred while enrolled at Amerstate University, Ltd. I will be financially responsible for any medical attention needed during the program.

I give my permission to Amerstate University, Ltd to release my academic records to the sponsoring agency, or other schools to which I may apply after completing the University of International Arts.

I also release all photographs/images taken of me while at Amerstate University as the property of the University and I permit the use of these photographs to be used in educational research and promotional materials.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Notice of Nondiscriminatory Policy as to Students:** Amerstate University, Ltd, (F/K/A/ University of International Arts, Ltd.) admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs or athletic and other school-administered programs.

## PAYMENT FORM

Amerstate University has instituted the following methods of payment for your convenience (please select):

- PERSONAL CHECK**
- CASHIER'S CHECK**
- TRAVELER'S CHECK**
- CREDIT CARD**

All major credit cards are accepted. A 3.1% plus \$.30 processing fee will be added to all credit card transactions. If selecting credit card payment, please submit all required information in order to process payment:

**Type of Card:** ( ) Visa ( ) Master Card ( ) Discover ( ) American Express ( ) Other \_\_\_\_\_

**Full Name of Credit Card Holder** (as appears on face of card):

\_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Security Code** (3 digits on back of card) \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Amount authorized to charge to credit card:** \_\_\_\_\_

By signing below, I agree to pay Amerstate University all tuition in a timely fashion. I understand that fulfilling my financial obligations with Amerstate University is required to be considered in good standing with the University.

**Authorization Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\* Please include this form with your Admissions Application

