



UNIVERSITY OF SAN JOSE

GRADUATE STUDENT

Admission Application

Intended Term of Entry : Semester ☐ Spring ☐ Fall Year 20

PROGRAM SELECTION

☐ Master of Science in Computer Science

☐ Master of Business Administration

Enrollment Status ☐ Full-time ☐ Part-time

A PERSONAL INFORMATION

Legal Name First Name Last Name Middle Name

Preferred Name

Social Security Number

Date Of Birth
D D M M Y Y Y Y

Gender ☐ Male ☐ Female ☐ Prefer not to say

B CONTACT AND RESIDENCY

Permanent Address

City/Country State Zip Code

How long have you lived at this address? Years Months

Cell Phone

Personal E-Mail

☐ My mailing address is the same as above.

Mailing Address
(if different)

City/Country

State

Zip Code

C

ACADEMIC HISTORY

List all post-secondary institutions attended (start with most recent).

Institution Name

Location
(City, State)

Country

Status

☐

Graduated

☐

Completed (No Degree)

☐

Incomplete

Degree Earned

☐

AA

☐

AS

☐

AAS

☐

BA

☐

BS

☐

BBA

☐

MA

☐

MS

☐

MBA

Major

GPA

Dates Attended

Month

Year

to

Month

Year

Institution Name

Location
(City, State)

Country

Status

☐

Graduated

☐

Completed (No Degree)

☐

Incomplete

Degree Earned

☐

AA

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AS

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AAS

☐

BA

☐

BS

☐

BBA

☐

MA

☐

MS

☐

MBA

Major

GPA

Dates Attended

Month

Year

to

Month

Year

Notes : Official transcripts must be submitted upon admission.

D

PROFESSIONAL EXPERIENCE

List all professional experience if any.

Employer :

Job Title :

Dates (From - To) :

E

EMERGENCY CONTACT

Name

Relationship

Phone Number

F

ATTESTATION & SIGNATURE

I certify that all information provided in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation may be cause for denial of admission or dismissal from the University of San Jose.

Privacy & Data Security: I understand that the University of San Jose (USJ) collects personal data, including my SSN, solely for admission and tax reporting purposes. USJ is committed to protecting my privacy in accordance with FERPA regulations and will not disclose my information to unauthorized third parties.

Signature

Signature here

Date

M	M	D	D	Y	Y	Y	Y