



**DELAWARE CITY UNIVERSITY**

Professional Higher Education

# DISTANCE EDUCATION

## ADMISSIONS



**DELAWARE**



### Professional Degrees

- ✓ P. Bachelor
- ✓ P. Master
- ✓ P. Doctorate
- ✓ P. Professorship
- ✓ P. Postdoctoral Fellowship
- ✓ P. Research Fellowship

Once the Admission Application is Completed,  
Please Resend it to the Following Email Address



[learn@dcu-edu.us](mailto:learn@dcu-edu.us)



# APPLICATION FORM

**Instructions:** Please type all information on this form.

## PERSONAL INFORMATION:

Full Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	<input type="text" value="Male"/> <input type="text" value="Female"/>
Address:	<input type="text"/>	Marital Status:	<input type="text"/>
City:	<input type="text"/>	State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Job Title:	<input type="text"/>	Employment Type:	<input type="text"/>
Responsibilities:	<input type="text"/>		
Organization:	<input type="text"/>		

## SECONDARY SCHOOL:

School Name:	<input type="text"/>	Grade:	<input type="text"/>
Section:	<input type="text"/>	Date Obtained:	<input type="text"/>

## ACADEMIC BACKGROUND:

Degree / Course	University / Institute	Year of Graduate	Country

# APPLICATION FORM

## SKILLS & TRAINING:

Skill & Training Achievement(s)	Level	Year	Institute

## REGISTRATION REQUIRED:

(Choose only one)

**Programs of Study:** (High Professional Program)

**Colleges:** (Choose only one)

**Required Major:**

## REQUIRED DOCUMENTATION:

- A copy of your high school diploma or equivalent proof of graduation must be submitted.
- A copy of official transcript (if applicable to undergraduate or prior university studies)
- A copy of additional Professional Licenses, Professional Experience, Certifications, and Training Programs

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I confirm that all information I have provided in this application is honest, complete, and accurate to the best of my knowledge. I understand that providing false or misleading information may result in the rejection of my application or dismissal from the university if admitted.

Date:

Signature: