



DELAWARE CITY UNIVERSITY

Professional Higher Education

DISTANCE EDUCATION

ADMISSIONS



DELAWARE



Training Courses & Certificate

- ✓ Training Courses
- ✓ Diploma Courses
- ✓ Mini Professional Master
- ✓ Mini Professional Doctoral
- ✓ Specialized Certificates

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



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: (Training Courses & Certificate)

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: