Undergraduate Programs
Application Form

Academic Year		Term		Academic Program	

Delivery mode:	Onsite ☐	Online ☐

Applicant Information

Legal last name:		
Legal first & middle names:		
Preferred first name: (Complete this field **only** if your legal first name differs from your preferred first name. This information will be used for our communications with you, class rosters, and for creating and displaying your credentials.)		
Preferred last name: *(if different from legal last name)*		
Legal sex:	Male ☐	Female ☐
Parent 1:	Mother ☐	Father ☐
Full name:		
Parent 2:	Mother ☐	Father ☐
Full name:		
Nationality:		
Present country of residence:		
Date of birth:	Place of birth:	
Are you currently in the military or have you ever been in the military in the U.S. Armed Forces?	Yes ☐	No ☐
Have you ever held, or do you currently hold, a U.S. student SEVIS record, including one that has been terminated?	Yes ☐	No ☐
Do you have or need a visa to study in the US?	Yes ☐	No ☐
Are you Hispanic/Latino (including Spain)?	Yes ☐	No ☐
Regardless of your answer to the prior question, please indicate how you identify yourself. Check one or more.	American Indian or Alaska Native (including all Original Peoples of the Americas) ☐ Asian (including Indian subcontinent and Philippines) ☐ Black or African American (including Africa and Caribbean) ☐ Native Hawaiian or Other Pacific Islander (Original Peoples) ☐ White (including Middle Eastern) ☐	
National Id (State Id or Driver's License if a US Citizen):		

Please let us know immediately if any of your contact details below change at any time during the application process

Mailing Address		Permanent Address (if different from mailing)	
Street & Number:		Street & Number:	
City:		City:	
Postal/Zip Code:		Postal/Zip Code:	
Country:		Country:	
Telephone:		Telephone:	
Fax Number:		Fax Number:	
E-mail:		E-mail:	
Mobile Phone:		EMERGENCY CONTACT INFORMATION [name(s), relationship to you, phone numbers]	
Are you employed full-time? Yes No			
Business Address			
Company/Organization:			
City			
Telephone:			
Fax Number:			
E-mail:			
May we contact you at work by:			
Telephone?	Yes No		
Fax?	Yes No		
E-mail?	Yes No		

Educational History

Please list all colleges and universities attended starting with the most recent:

Entry Date	Graduation Date	Institution & Country	Course of Study	Qualification obtained (diploma, certificate, etc)

Professional and Other Qualifications

Please list below all professional qualifications earned or additional training obtained, starting with the most recent:

Entry Date	Graduation Date	Institution & Country	Course of Study	Qualification obtained (diploma, certificate, etc)

Languages

Please list below any languages that you are familiar with and your native language:

Language	Spoken			Written			Qualification (major, certificate, diploma, other etc)
	Elementary	Good	Excellent	Elementary	Good	Excellent	

Your Native Language _____

If English is not your native language

Do you have documentation of English Proficiency? YES NO

If "yes" evidence? _____

If "no", when do you plan on obtaining documentation? _____

Professional Background

Employment Summary

Number of years of work experience at the start of the program

List positions starting with the most recent:

Dates		Company/Organization	Position	Full-time/Part-time	City & Country
From (M/Y)	Until (M/Y)				

Current Job Details

Job Title/Position Held:	
Company/Organization:	
Job Type:	

Please provide a brief description of your work and your main areas of responsibility:

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Letters of Reference

Please provide the name, position and address of the individual who will provide a letter of recommendation for you. Your referee should be a person who has been involved in supervising either your recent academic work or professional development.

Name:	
Company/Organization:	
Position:	
Address:	
Postal/Zip Code:	
Telephone:	
Fax Number:	
E-mail:	

Essay

All applicants are required to answer the following essay question, which is designed to present unique information about the candidate's values, aims and ambitions for the future. The essay should be *word-processed on a separate sheet of paper,* and should not exceed 150 words.

Question:

"Why do you wish to study at the Hellenic American University? What are your educational objectives, and how will the Hellenic American University undergraduate program assist you in achieving these objectives?"

Optional Information

Which other colleges/universities (if any) are you applying to?

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How did you first hear about the Hellenic American University?

Colleague	Fair	Employer	Internet
Press	Professor	Advertisement	HAUniv Student
Other _____			

Hellenic American University reserves the right to make inquiries concerning the accuracy of the information provided in the candidate's application. Decisions on admission are made in good faith on the basis of information provided by the applicant and his/her referees. If it is later discovered that false statements have been made or material information withheld or omitted, Hellenic American University reserves the right to withdraw an offer of admission or to terminate registration.

Declaration

I am applying for admission to Hellenic American University's undergraduate programs. I understand that the decision to admit rests with the University. If admitted, I agree to abide by the rules and regulations of the Hellenic American University and to pay all tuition, fees, and expenses incurred by me there. I also understand that my personal information and papers (including amendments) are stored as part of my student record electronically on a database and manually. All personal information is treated strictly according to the Hellenic American University Student Records Privacy Policy, as set forth in the University catalog. This policy requires that all information be accurate, obtained fairly, and not divulged to people without permission or authority. It gives me the right to check the information held and to correct it if necessary. I am aware of the conditions of admission and the University's expectations. I confirm that to the best of my knowledge, the information contained in my application is complete and accurate.

Signature of applicant: _____ Date: _____

Hellenic American University collects and uses personal information to communicate with the members of its public; to provide information on and operate academic and cultural programs and services that it conducts on its own, on behalf of, or in cooperation with other organizations, and; to inform the members of its public of educational and cultural opportunities. The information we have requested in this form will be maintained in digital and/or physical form and used only for the purposes described above.

You have the right to reasonable access to the personal information we have on you, to request a copy of this information, and to correct it if inaccurate. If you would like more information on the Hellenic American University's data protection and privacy policy, please contact us at dataprivacy@hauniv.edu.