		ICATION FOR		
Troy, Alabama36082 PHONE:1(334) 670-3335 FAX:1 (334) 670-3735				
1. Name Family or Surname	G	liven		
2. Country of birth:			:	
3. Home Address				
E-Mail: Pl	none:		Fax:	
4. Sex: Male Female Date of	(Cour f Birth:	ntry code) (City co	de) City of	Birth:
4. Sex: Male Female Date of Birth: City of Birth: Month / Day / Year 5. Have you previously applied to TroyUniversity? If yes, when?				
6. Which semester do you plan to enter?	Fall	Spring	_ Summer	Which Year?
7. Classification: Undergraduate Tra	nsfer	_Graduate	AEG	
AEG Only: Fall Term I Fall Ter	m II Sp	ring Term I	_ Spring Term 1	II Summer
8. High School (Secondary School):			Graduation d	ate:
9. List all institutions of higher education attended: Name ofInstitution City and State Dates AttendedDegree Earned				
10. Are you currently enrolled in the last institution attended? Last date of attendance 11. Proposed course of study at TroyUniversity:				
12. TOEFL SCORE (Please have results forwarded to TROY UNIVERSITY; <u>for the official TOEFL</u> <u>result</u> TROY UNIVERSITY school code: 1738)				
13. How did you hear about TroyUniversity? (Please check all that apply) Friend Student Fair Unsolicited Mailing Advertisement				
Agent				(full name of agency)
It is your responsibility to request official transcripts to be sent from all institutions attended to the address below. <u>These transcripts must be translated into English.</u>				
I hereby affirm that all information supplied in these blank lines is complete and accurate. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. As a condition of admission, I further agree to comply with all policies and procedures relative to assessment and evaluation.				
Date	Signed_			

Optional Information - please provide if available:				
Standardized Test Scores: SAT	ACT	GRE	GMAT	MAT

TroyUniversity does not discriminate on the basis of sex, race, religion, or handicap in admission or access to its programs.