

AIDAN UNIVERSITY

Affiliate/AP Application

PO Box 351148., Jacksonville, Florida 32235-1148
Office (888) 99-AIDAN Fax: (904) 646-1954
Email: admissions@aidanu.org • Web: www.aidanu.org

Date:
App. Fee:
MOP: Cash CK MO CC
CK #:
Card #:
Expiration Date:

2" X 2"
Photo

First Name:	<input type="text"/>	E-Mail Address	<input type="text"/>
Middle Initial or Name	<input type="text"/>		<input type="text"/>
Last or Surname	<input type="text"/>	ConfirmE-Mail Address	<input type="text"/>
Suffix	<input type="text"/>		<input type="text"/>

List any other name(s) which may appear on transcripts or test score reports which may differ from the Name listed above.

Last, First, Middle
Last, First, Middle

Gender: Male Female

Current Age:
Date of Birth:

U.S. Social Security No.

(Required of all U.S. Citizens and permanent residents applying for intrance to AIDAN UNIVERSITY)

Permanent Address:

Street Address 1:
Street Address 2:
City:
State or Province:
Zip or Postal Code:
Country:
U.S. Tel No.:
U.S. Fax No.:
Internatinal Tel.:
Internatinal Fax.:

Mailing Address:

Street Address 1:
Street Address 2:
City:
State or Province:
Zip or Postal Code:
Country:
U.S. Tel No.:
U.S. Fax No.:
Internatinal Tel.:
Internatinal Fax.:

AIDAN UNIVERSITY

Application Payment

To expedite the processing of your application you can pay your application fee by credit card using the University's secure server. Your credit card will be charged the appropriate application fee of \$25.00. (These fees are non-refundable)

I wish to pay for my application fee by check or money order which must be drawn on a U.S. bank or Traveler's Checks payable in U.S. dollars (be sure that they are signed in both places) and made payable to the Aidan University. I understand that my application will not be processed or considered by the University until payment is received by the Admissions Office. Your check/money order must be securely attached to a copy of the Application Transmittal Acknowledgement sent to you by our office which you must print out after you have submitted your application and mail back to our office.

I wish to pay for my application fee by credit card.

I authorize Aidan University to charge my credit card the following amounts for application to the University. I understand that these charges are non-refundable.

Application Fee \$25.00

Total Charges \$25.00

Visa Card

MasterCard

Discover Card

American Express Card

Expiration Date:

Key Number

By typing my name below, I hereby agree with the University Statement of Faith and Admissions Requirements. I also certify that the above information is complete and correct. I have read and complied with all pertinent instruction.

Date:

Remember that this application will not be processed until the application fees are received by the Admissions Office.