

SILICON VALLEY UNIVERSITY

Application for Degree Admission www.svuca.org/admission

PERSONAL INFORMATION																
Last Name			Fi	irst Name	Mid			dle Name								
Social Security No.			Date	of Birth (m	m/dd/yyyy)			•	Place of	Birth						
Gender	Male	Female	emale Phone Number country code						ole Phone Number							
Address																
	<u> </u>	st	reet			city state/country ZIP										
E-mail Address @ Phone (PRIMARY)																
		Name					MAR	Y)								
_						Phone (OT	HER)								
Emergency	Contact	Address	lress													
		NO	NO YES (If yes, Enter your country of Citizenship)													
Foreign Na	tional	Enter your	Enter your Visa type Visa Number, if know													
Information about your race or ethnicity is voluntary, and will be used in a nondiscriminatory ma Caucasian Native American Hispanic As Mexican American African American Other (Please s								Asia	n America			ights laws fic Islander				
AREA OF S	STUDY															
For what degree are you presently applying MSCS																
Requesting	Fall		Spring	Su	mmer	mer Year 2 0										
State na	mes and	locations o	f colleges an													
		Degree			Concentration			Date of I	Degree		GPA					
CEDT																
CERTIFICA																
I certify that to be best of my knowledge all information given on this application is correct and complete, and I understand that any omission or misinformation concerning enrollment in colleges or universities may void my admission or result in dismissal																
Signture	of applica	ant														

• 2010 Fortune Drive

• San Jose, CA, 95131

• Phone: 408-435-8989

• Fax: 408-955-0887



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TEST SCORES - Please send copies of any supporting documentation																
TOEFL			(0	Graduate Record Examination)												
Score	Da	ate taken		Score	V		V%		Q)	Q%		A		A%	
	To	o be taken		Month /	ar											
Please check and be sure you have finished the following steps																
Sign you	u completed app	cation fee	tion fee 50 for US citizens or permanent reside								sider	nts				
	(T	ndable)			75 for International applicants											
Co	ppy of diplomas				TOEFL score											
Of	fical Transcript(GF	RE sco	re									
Must be provided by international applicants																
Copy of I-20 from previous school (only apply to students who is holding F1 visa presently)																
Copy of passport and I-94 (only apply to students who is holding F1 or other type of visa)																
Financial Statement at least 20,000.00 USD or more																
Please in	News	spap	er			SVU	stude	ents								
	Frien	ds				Othe	ers _									
CERTIFICATION																
I certify that to be best of my knowledge all information given on this application is correct and complete, and I understand that any omission or misinformation concerning enrollment in colleges or universities may void my admission or result in dismissal																
Signture of applicant										ate						

Mail your completed application to:

Admission Office Silicon Valley University 2010 Fortune Drive San Jose, CA, 95131

Or email completed application as PDF file to:

admissions@svuca.org

Or FAX completed application to:

408-955-0887

2010 Fortune Drive
San Jose, CA, 95131

• Phone: 408-435-8989

• Fax: 408-955-0887