

Please Check Applicable:

- Main Campus: 2121 South El Camino Real, Bldg C200, San Mateo CA 94403
Phone: (650) 685-6616, Fax (650) 685-6640
- Branch Campus: 4712 Stoddard Road, Suite 200, Modesto CA 95356
Phone: (209) 521-1821, Fax: (209) 521-1607
- Branch Campus: 8810 Cal Center Dr., 3rd Fl., Sacramento, CA., 95826
Phone: (916) 588-2060, Fax: (916) 588-2061
- Branch Campus: 1401 Willow Pass Road, Suite 450, Concord, CA 94520
Phone: (925) 687-9555, Fax: (925) 687-9544
- Branch Campus: 7335 N. Palm Bluffs Ave, Fresno CA 93711
Phone: (559) 222-1903, Fax: (559) 222-2672

Program you are applying for: _____ Intended Program Start Date: _____ Intended Prerequisite Start Date: _____

Applicant (Legal Name)			
	<i>(First Name)</i>	<i>(Middle Initial)</i>	<i>(Last Name)</i>
Social Security #:	Date of Birth:	Driver's License/ID No:	
Cell Phone:	Home Phone:	Work Phone:	
Current Address:			
Email:		Fax:	

Previous Education:	School Name	Location	Degree or Program of Study	Years of Attendance	Date of Graduation
High School					
College 1					
College 2					
College 3					

Please list any prior medical experience: _____

OPTIONAL CONFIDENTIAL DATA COLLECTION:

Gurnick Academy of Medical Arts participates in various funding programs which require the collection of student demographic and personal data. Gurnick Academy of Medical Arts does not discriminate because of race, color, sex, religion, or national origin in any activity. The collection of this data is optional for the student and will only be used for reporting purposes to regulatory agencies.

- | | | |
|--|---------------------------------|---|
| Ethnicity | Gender | Veteran Status |
| <input type="checkbox"/> Nonresident alien | <input type="checkbox"/> Male | <input type="checkbox"/> None |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Female | <input type="checkbox"/> MI VA |
| <input type="checkbox"/> American Indian or Alaska Native | | <input type="checkbox"/> MI AD |
| <input type="checkbox"/> Asian | | <input type="checkbox"/> MI Spouse/Dependent VA |
| <input type="checkbox"/> Black or African American | | <input type="checkbox"/> MI Spouse/Dependent AD |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> White | | |
| <input type="checkbox"/> Two or more races | | |
| <input type="checkbox"/> Race and ethnicity unknown | | |

APPLICANTS STATEMENT:

I hereby certify that the information provided in the above student application is true and complete to the best of my knowledge. I understand that if accepted into Gurnick Academy of Medical Arts, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize Gurnick Academy of Medical Arts to verify my background (education, prior experience, references, criminal, etc.) as to my qualifications and desirability as a student. I hereby release any person, educational body, employer, and given references from any and all claims of whatever nature that the undersigned might have as a result of a response given to inquiries made by Gurnick Academy of Medical Arts.

Signature of Applicant: _____ Date: _____



GURNICK ACADEMY OF MEDICAL ARTS**SUPPLEMENTAL DATA**

Student First Name:

Middle Initial:

Last Name:

EMERGENCY CONTACT:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

PERSONAL REFERENCES:

Friend/Relative:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

Friend/Relative:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

Friend/Relative:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

PROFESSIONAL REFERENCES:

Coworker/Professor/Colleague:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

Coworker/Professor/Colleague:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

Coworker/Professor/Colleague:

Name:	Contact Info:
Relation:	Address:
Phone Number:	



Dear Applicant,

You are just few steps away from enrolling to the program of your choice. Please print, complete the previous forms and follow the steps below:

-  Check out our website for any upcoming Program Open House - attend it, if possible/applicable
-  Make an appointment with the Admission Advisor *
-  Make an appointment with Financial Aid Advisor*

**send an email or see below for the contact information of your desired campus*

Once you have set your appointments, please download the Catalog and Addendum. Our Catalog includes our policies and procedures, as well as very important information regarding our Academy and the program of your choice. Please make sure to read the Addendum as it includes essential changes in published material and dynamic data such as schedules, costs, holidays, requirements, updated info, etc. It is always a good idea to come prepared with questions to get maximum information and benefit from the meeting with our Admission and Financial Aid Advisors.

What to bring to your meeting:

- Completed **Application/Registration Form** (optional)
- ID/DL/Passport**
- Registration Fee of \$75** (check/cashier's check/NO CASH) – *please note that you will pay the Registration Fee only if you desire to register. You will receive all information before any registration is necessary and our Admission Advisors will answer all of your questions. However, if you do desire to register you will save yourself another trip to the office.*
- Copy of High School Diploma /HSD equivalent**

What to expect:

- **Time:** set aside at least an hour. In case if you do decide to register it might take you longer
- **Exam:** if you decide to join there is an Entrance Exam (50 questions – simple math and English)
- **Reading Materials:** you will be given informational Brochures, Catalog and Addendum, Course Information, Program Requirements, Admission Information, Disclosures, Forms to fill out, as well as due dates and Financial Aid Info
- **Due Dates:** you will be given due dates to complete enrollment and make necessary appointments
- **Schedules / Hours:** make sure to plan ahead how you will coordinate your new schedule (internship/lab/didactic hours) with your current personal/professional schedules and foresee necessary adjustments

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Keep this page for your records

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