



# Delaware City University

Institute of Professional Studies

Application for Admission

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## Please indicate the program in which you are applying:

PM. Certificate of Safety, Health, and Environmental Management (SHEM)

PM. Certificate of Health, Safety and Environmental Processes (HSEP)

PM. Certificate of Integrated Disability Management (IDM)

PM. Certificate of Ergonomics Coordinator

PM. Certificate of International Arbitration

PM. Certificate of Balanced Scorecard

## Personal Information:

Last Name:

Names: (first, middle)

Date of Birth: (DD/MM/YY)

## Permanent Home Address:

Street Address 1

Street Address 2

City or Town

Province or State

Country

Postal / Zip

E-mail

Home Phone

Business Phone

**Current Employment::**

Name of Company

Current Position (Title)

Number of Years Experience

**Previous Education Information:**

Please provide a summary of your most recent post secondary educational qualifications:

Institution:

Degree Obtained:

Year of Degree Completion:

Where did you hear about the Delaware City University?

Internet

Family/Friend

Marketing Promotion

Other Details:

I hereby certify the statements and supporting documentation are accurate and complete and confirm that I have read and understand the privacy policy. I understand that any misrepresentation may result in the cancellation of my admission or registration status.

Title:      Mr.              Mrs.              Miss.              Ms.              Dr.

Student Signature:

Date: (DD/MM/YY)

Send all correspondence to: [admissions@dcu-edu.org](mailto:admissions@dcu-edu.org)