

BERGIN UNIVERSITY 2009-2010 Application

1 GENERAL INFORMATION

SOCIAL SECURITY # _____

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

CURRENT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

DAY PHONE: (____) _____ EVE PHONE: (____) _____ FAX: (____) _____

EMAIL: _____ CELL PHONE: (____) _____ PAGER: (____) _____

2 PERSONAL DATA

GENDER: MALE FEMALE DATE OF BIRTH: ___/___/___

3 CLASS LEVEL AND DEGREE HELD

- HIGH SCHOOL EQUIVALENCY: _____
- HIGH SCHOOL DIPLOMA _____
- AA/AS DEGREE: _____
- BA/BS DEGREE: _____
- MA/MS DEGREE: _____
- LICENSE: _____
- OTHER: _____

4 ETHNIC BACKGROUND *(check all that apply)*

- ASIAN
- ARAB
- BLACK
- HISPANIC
- NATIVE AMERICAN
- PACIFIC ISLANDER
- WHITE
- OTHER
- DECLINE TO STATE

5 HOBBIES _____

6 DOG EXPERIENCE AND DEGREE OF PROFICIENCY

<u>DOG TRAINING CATEGORY</u>	<u>AT WHAT PROFICIENCY LEVEL DO YOU DESCRIBE YOURSELF?</u>	<u>YEARS/TYPE OF PROF. EXPERIENCE</u>
AGILITY	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
OBEDIENCE	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
SHOW	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
FIELD TRIAL	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
SEARCH AND RESCUE	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
TRACKING	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
ASSISTANCE DOG	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____
OTHER: _____	<input type="checkbox"/> NONE <input type="checkbox"/> BEGINNING <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	_____

TYPES OF ASSISTANCE DOGS TRAINED

GUIDE HEARING SERVICE SOCIAL/THERAPY SEIZURE OTHER: _____

YEARS OF DOG OWNERSHIP: BREEDS OF DOGS OWNED/HANDLED: _____

7 OCCUPATION AND WORK INFORMATION

WHAT IS YOUR CURRENT OCCUPATION: _____ LENGTH OF EMPLOYMENT: _____

IS IT YOUR INTENT TO CHANGE CAREERS AFTER COMPLETING THIS COURSE: YES NO DON'T KNOW YET

IF "YES," WHAT CAREER ARE YOU INTENDING TO PURSUE: _____

AVERAGE WORK HOURS PER WEEK DURING YOUR PLANNED PERIOD OF ENROLLMENT (AS AND BS ONLY): _____

8 FOR WHAT PROGRAM ARE YOU APPLYING?

- MS AS ASSISTANCE DOG EDUCATION BS
 MS AS BUSINESS AND COMPANION DOG STUDIES
 SERVICE DOG TRAINING SEMINAR
 ASSISTANCE DOG CLIENT TRAINING
 HIGH SCHOOLED A-DOG INSTRUCTOR TRAINING
 TEACHER/PARENT TRAINING
 PEOPLE MANAGEMENT TRAINING
 SOCIAL/THERAPY (S/T) TEAM TRAINING

9 WHERE DID YOU LEARN ABOUT THIS UNIVERSITY?

- WORD OF MOUTH (WHO: _____)
 NEWSPAPER/MAGAZINE AD
 RADIO/TV
 FLYER OR BROCHURE
 INTERNET
 BOOTH
 REFERRED BY DOG PROGRAM: _____
 OTHER: _____

10 APPLICATIONS MUST INCLUDE \$25 APPLICATION FEE (EXCEPT S/T) TWO LETTERS OF REFERENCE

- APPLICABLE COLLEGE TRANSCRIPTS
 COPY OF DRIVER'S LICENSE, BIRTH CERTIFICATE OR PASSPORT WITH NAME & BIRTH DATE
 PROOF OF 1 YEAR'S CONTINUOUS WORK EXPERIENCE IN CANINE-RELATED ACTIVITY (SEE ADMISSION REQUIREMENTS FOR SPECIFICS)
 A ONE-PAGE ESSAY EXPLAINING YOUR INTEREST IN AND INTENTION TO UTILIZE THE EDUCATIONAL PROGRAM IN #8 ABOVE

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND DEGREES EARNED AT OUR SCHOOL

CREDITS YOU EARN IN ANY OF OUR PROGRAMS IN MOST CASES WILL PROBABLY NOT BE TRANSFERABLE TO ANY OTHER COLLEGE OR UNIVERSITY. FOR EXAMPLE, IF YOU ENTERED OUR SCHOOL AS A FRESHMAN, YOU WILL STILL BE A FRESHMAN IF YOU ENTER ANOTHER COLLEGE OR UNIVERSITY AT SOME TIME IN THE FUTURE EVEN THOUGH YOU EARNED CREDITS HERE AT OUR SCHOOL. IN ADDITION, IF YOU EARN A DEGREE, DIPLOMA, OR CERTIFICATE IN ANY OF OUR PROGRAMS, IN MOST CASES IT WILL PROBABLY NOT SERVE AS A BASIS FOR OBTAINING A HIGHER LEVEL DEGREE AT ANOTHER COLLEGE OR UNIVERSITY.

APPLICANT SIGNATURE

DATE

BERGIN UNIVERSITY

DATE

I INDEMNIFY AND HOLD THE BERGIN UNIVERSITY OF CANINE STUDIES HARMLESS FROM AND AGAINST ALL CLAIMS, LOSSES, LIABILITIES, AND DAMAGE TO PERSON OR PROPERTY, GOVERNMENTAL CHARGES OR FINES AND ATTORNEYS' FEES ARISING OUT OF THE ACTS OR OMISSIONS OF THE BERGIN UNIVERSITY OF CANINE STUDIES, INCLUDING BUT NOT LIMITED TO INTERACTIONS WITH INSTRUCTORS, ATTENDEES, OR DOGS, DEMONSTRATIONS AND PLACEMENTS INVOLVING MY PROGRAM/ PERSONAL DOG, OR TRANSPORTATION OF DOGS TO OR FROM THE TRAINING SITE OR WITHIN THE TRAINING SITE. I UNDERSTAND THAT AS PART OF THE UNIVERSITY COURSEWORK, I WILL BE REQUIRED TO SPEND TIME WITH DOGS AND POSSIBLY USE A WHEELCHAIR. I HAVE NO PROBLEMS, PHYSICAL OR OTHERWISE, WHICH WOULD PRECLUDE MY PARTICIPATION IN THIS OR ANY OTHER EXERCISE REQUIRED IN THE NORMAL COURSE OF DOG HANDLING AND TRAINING.

APPLICANT'S NAME: _____ SOCIAL SECURITY, F-1 VISA OR INS#: _____
TYPE OR PRINT

\$25 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION!
 (DOES NOT APPLY FOR S/T APPLICATIONS)

I ENCLOSED: CHECK MONEY ORDER VISA/MASTERCARD
[CIRCLE ONE]

CARER'S NAME: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ AMOUNT: _____

SIGNATURE: _____

Mail To:

Bergin University Applications
 1215 Sebastopol Road
 Santa Rosa, Ca 95407
 Or Fax To: (707) 545-0800



APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

APPLICATION ACCEPTED REJECTED DATE: _____

APPLICATION FEE _____ DATE RECEIVED _____

REGISTRATION FEE _____ DATE RECEIVED _____

TUITION _____ DATE RECEIVED _____

BALANCE DUE _____ DATE RECEIVED _____

COMMENTS _____