



Enrollment Application

APPLICATION TO APPLY FOR LINCOLN UNIVERSITY PROGRAM



75% Complete

7 of 8

Summary

[Edit](#)

Submitted Date	February 4, 2023
<hr/>	
Application ID	LU_4709
<hr/>	
Student Information	
<hr/>	
First Name	JAGMEET SINGH CHANDLA
<hr/>	
Last Name	LNU
<hr/>	
Date of Birth	September 29, 1996
<hr/>	
Gender	Male
<hr/>	
City of Birth	MANDI GOBINDGARH
<hr/>	
Country of Birth	India
<hr/>	

[↑](#)

Country of Citizenship **India**

Mailing Address **H. NO- 6100/38, RAJDEEP NAGAR
SHAMPURA ROAD
ROPAR, PUNJAB 140001
India**

Email **jagmeetchandla1996@gmail.com**

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Emergency Contact

Name **RAM**

Last Name **KUMAR**

Relationship **FATHER**

Address **H. NO- 6100/38, RAJDEEP NAGAR
SHAMPURA ROAD
ROPAR, PUNJAB 140001
India**

Email **jagmeetchandla1996@gmail.com**



Edit

Demographic Information

Please indicate how you identify yourself:

Asian or Pacific Islander

Applicant Status

International student

Are you a transfer in student?

No

Edit

Application Documents

Select a program

Master of Business Administration

Please choose the program format

On-Campus

Please select starting semester

Fall 2023



**High School Diploma
and Transcripts**



**Transcripts from
Higher Educational
Institutions Attended**



**Resume with Summary
of all Work,
Extracurricular
Activities, and
Education History**



**Photocopy of Passport
or Equivalent
Document**



Proof of English



One-page Essay Explaining Applicant's Interest in a Lincoln University Program



Edit

Applicant's Declaration Of Finances

Who will pay for your
educational expenses
at Lincoln University?

Sponsor

Please upload bank
statement or financial
institution
letter/statement



Sponsor's Information

Sponsor's

RAM KUMAR



Sponsor's relationship to Student **FATHER**

Sponsor's Country of Citizenship **India**

Sponsor's Address **H. NO- 6100/38, RAJDEEP NAGAR
SHAMPURA ROAD
ROPAR, PUNJAB 140001
India**

Sponsor's Email **jagmeetchandla1996@gmail.com**

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Agreement

Do you understand and agree to the terms listed above? **Yes, I understand and agree to the terms listed above.**

Signature **Jagmeet Singh Chandla**

[Previous](#)

[Next](#)

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401 15th Street
Oakland, CA 94612

Email:

admissions@lincolnuca.edu

Phone: 510-628-8010

For Technical Assistance

Email:

helpdesk@lincolnuca.edu

Phone: 510-628-8020

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Jagmeet Chandla <jagmeetchandla1996@gmail.com>

WU Admission form

1 message

Westcliff Admissions <admissions@westcliff.edu>
Reply-To: admissions@westcliff.edu
To: jagmeetchandla1996@gmail.com

Tue, Feb 7, 2023 at 2:08 PM



Formstack Submission For: 2022 WU Application - F1

Submitted at 02/07/23 12:38 AM

First Name:	JAGMEET SINGH CHANDLA
Last Name:	LNU
Middle Name:	
Do you have any previous names?:	No
Previous First Name:	
Previous Last Name:	
Previous Middle Name:	
Date of Birth:	Sep 29, 1996
Home Phone:	
Mobile Phone:	8198055355
Email:	jagmeetchandla1996@gmail.com
Street Address:	H. NO-6100/38, RAJDEEP NAGAR, SHAMPURA ROAD
Unit number:	
City:	ROPAR
State or Province:	PUNJAB

Zipcode:	140001
Country:	IN
Is your mailing address the same as above?:	Yes
Mailing Street Address:	
Mailing Unit Number:	
Mailing City:	
Mailing State or Province:	
Mailing Zipcode:	
Mailing Country:	
Are you a citizen of the United States?:	No
Social Security Number:	
Are you an In-State Resident?:	
State of Residence:	
Do you have a permanent resident card?:	No
Country of Citizenship:	IN
Passport Number:	S3963015
Do you require an I-20?:	Yes
Do you have a spouse or child that will be applying as an F2 dependent?:	No
Dependent Passport Number:	
Dependent Relationship:	
What is the gender with which you identify:	Male
Are you Hispanic or Latino?:	Non Hispanic
Which one of the following racial or ethnic groups best describes you:	Asian
Primary Language:	PUNJABI
Secondary Language:	HINDI

Are you a first generation college student?: Yes

I am applying for the: Summer Semester - July

Year of Semester: 2023

Which program are you applying to: Master of Business Administration

Intended Graduate Westcliff Program:

Intended Undergraduate Westcliff Program:

Please select the BAed concentration:

Please select the BBA concentration:

Please select the DBA concentration:

Please select the MBA concentration: Global Business

Please select the MSCS concentration:

Please select the MSEM concentration:

Please select the MSIT concentration:

Please select a campus:

Please select a campus (MSIT):

Please select a campus (BBA and MA TESOL):

Please select a campus (MBA): Irvine Campus

Enrollment at Westcliff: New Student

Previous Westcliff program:

First semester you attended Westcliff:

Year of first semester:

Please indicate whether you have earned a high school diploma, passed the General Educational Development (GED) test, or completed homeschooling at the secondary level.: Yes

Expected Completion Date:

Attach Transcript: [View File](#)

Type Completed:	High School Diploma / Higher Secondary School
Institution Name:	RAYAT INTERNTIONAL SCHOOL
High School Address:	VPO RAIL MAJRA PHAGWARA-MOHALI EXPRESS HIGHWAY NAWANSHAHAR, PUNJAB-144533 INDIA
High School Country:	IN
High School GPA:	2.00
High School Date of Completion:	May 21, 2016
Have you ever attended another college?:	Yes
Attach Transcript:	View File
College Institution Name:	AMAR SHAHEED BABA AJIT SINGH JUJHAR SINGH MEMORIAL COLLEGE OF PHARMACY
College Address:	BELA ROPAR, PUNJAB-140111 INDIA
College Country:	IN
Credits Completed:	28
Area of Study:	PHARMACY
Degree or Certificate Earned:	BACHELOR OF PHARMACY
Degree Type Earned:	Bachelor
Date Attended From:	Mar 2016
Date Attended To:	Apr 2020
College GPA:	6.13
Would you like to add any additional colleges, universities or institutions?:	No
Additional College Institution Name:	
Additional College Address:	
Additional College Country:	

Additional College Credits Completed:

Additional College Area of Study:

Additional College Degree or Certificate Earned:

Additional College Degree Type Earned:

Additional College Attended From:

Additional College Attended To:

Additional College GPA:

Would you like to add a third college, university or institution?:

Additional College 2 Institution Name:

Additional College 2 Address:

Additional College 2 Country:

Additional College 2 Credits Completed:

Additional College 2 Area of Study:

Additional College 2 Degree or Certificate Earned:

Additional College 2 Degree Type Earned:

Additional College 2 Attended From:

Additional College 2 Attended To:

Additional College 2 GPA:

Would you like to add a fourth college, university or institution?:

Additional College 3 Institution Name:

Additional College 3 Address:

Additional College 3 Country:

Additional College 3 Credits Completed:

Additional College 3 Area of Study:

Additional College 3 Degree or Certificate

Earned:

Additional College 3 Degree Type Earned:

Additional College 3 Attended From:

Additional College 3 Attended To:

Additional College 3 GPA:

Please indicate the type of proficiency tests taken, if applicable:

SAT score:

Test Date:

ACT score:

Test Date:

TOEFL PBT score:

Test Date:

iBT score:

Test Date:

IELTS score:

Test Date:

Eiken Eng Proficiency score:

Test Date:

CEFR score:

Test Date:

I do not have any proof of English proficiency and would like to request to take an English Proficiency exam (CPE) administered by Westcliff University:

Test Result:

[View File](#)

Does your employer sponsor your tuition?:

Not applicable

How did you hear about Westcliff University:

Other

Referred by:**Referral Email:****Where did you hear about us online?:****Referral Code (if applicable):****Please specify which career/job fair you attended:****Please specify which college fair you attended:****Other: Please specify:**FRIENDS AND SEARCH ENGINE
GOOGLE**Signature:**

JAGMEET SINGH CHANDLA

Full Name:

JAGMEET SINGH CHANDLA

Date / Time:

Feb 07, 2023

Copy of Passport:[View File](#)**Copy of Visa:****Additional Transcripts:**[View File](#)**Bank Statements:**[View File](#)**WU I-20 Request Form:****Additional documents:****I hereby permit Westcliff University's administrative representative to disclose the information specified below to the following individual(s) or agency::**

JAGMEET SINGH CHANDLA

Westcliff Student ID:**Name or Department:**

MBA

Relationship or Position:All Academic Records
Admissions Documents
Admissions Transcripts
Transcripts
All Financial Records
Enrollment and Academic Data Related
to Financial Aid**PLEASE CHECK ALL THAT APPLY:****The information is to be released for the**

Admissions to an Educational Institution

following purpose::

I understand the information may be released orally or in the form of copies of written records, as preferred by the requestor. I also understand that I have the right to inspect any written records released pursuant to this Consent.:

JAGMEET SINGH CHANDLA

I understand I may revoke this consent upon providing written notice to the Office of the University. This consent remains in effect for the Individual for the specific purpose(s) stated above until a revocation is submitted.:

JAGMEET SINGH CHANDLA

Signature:

JAGMEET SINGH CHANDLA

Date:

Feb 07, 2023

Full Name:

JAGMEET SINGH CHANDLA

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