



PERSONAL DETAILS			
Title	☐ Mr. ☐ Miss ☐ Mrs		
First Name		Last Name (Surname)	
Gender	☐ Male ☐ Female ☐ Othe	Date of Birth	
CONTACT DETAILS			
Building / Property Name		Flat / Unit Number	
Street Number		Street Name	
Suburb / Town		State	
Country		Zip Code	
Mobile		Phone	
E-mail			•
IN CASE OF EMERGENC	Υ		
Name			
Relationship		Street Number	
Street Name		State	
Country		Zip Code	
Mobile		Phone	
E-mail			
NATIONALITY / CITIZENS	SHIP DETAILS		
Ethnicity	tino   Non Hispanic/Latino		
_	laska Native ☐ Asian ☐ Bla acific Islander ☐ White	ack or African American	
Country of Citizenship		Country of Birth	
Native Language			
PROGRAM OF CHOICE			
☐ M.S. Computer Science       ☐ M.S. in Health Informatics       ☐ M.B.A         ☐ M.S. in Information Technology       ☐ M.S. in Business Analytics			
Intake	ng 20	025	
Application Type			r
ENGLISH LANGUAGE PI	ROFICIENCY		
Name of the test		Overall	
Listening		Reading	
Writing		Speaking	





EMPLOYMENT STATUS					
What is your employment stat	tus? 🔲 Unemploy	ed Self-employ	ved □ Re	etired $\Box$ E	mployed
WORK EXPERIENCE (If Applicable)					
We encourage all applicants to provide work experience information by attaching a resume to this application. In addition, please provide your work history below, beginning with your most recent employer.					
Organization Name 1		Dates of employ	ment		
Organization Name 2		Dates of employ	ment		
Organization Name 3		Dates of employ	ment		
ACADEMIC HISTORY					
STANDARDIZED TESTS (If A	Available)				
Graduate Record Exam (Gene	eral)				
Verbal score:		Quantitative sco	re		
Analytical Writing score		Date taken			
Anticipated test date					
STUDENT CONDUCT					
Have you ever been found guilty or convicted of a felony? Ves No					
If yes, please explain					
Have you ever been found responsible for a disciplinary violation at any educational institution you have attended that resulted in a disciplinary action?  Yes  No					
If yes, please explain					
EDUCATION HISTORY					
All applicants must submit college transcripts from all institutions previously attended, including your current institution (if you are currently in attendance).  If you have attended more than one institution, please list your colleges in order of attendance with the institution you most recently attended or currently attend listed first.  For initial application review, the Office of Graduate Admissions will accept unofficial copies of transcripts.					
College/University Attended	Location	Degree Received	Da	ate Awarded	GPA/ Percentage





RECOMMENDERS			
RECOMMENDERS- 1			
First Name		Last Name	
Designation		Name of Organization	
Email			
RECOMMENDERS- 2			
First Name		Last Name	
Designation		Name of Organization	
Email			
RECOMMENDERS- 3			
First Name		Last Name	
Designation		Name of Organization	
Email			
STATEMENT OF PURPOSE			
You may attach your Statement of Purpose or submit your application without it and send your Statement once you have completed it. Please note that if you are required to submit a Statement of Purpose, your application will not be reviewed until it has been received. Your Statement of Purpose should be approximately sone to two pages, double-spaced, in 12 point font. It should provide the review committee with insight on your past experiences and your future career objectives.  There are no specific guidelines for the content of your Statement of Purpose. However, you may wish to consider the following:  1. When crafting your Statement, it may be beneficial to consider your past, present, and future.  • Past: What have your educational and work experiences been thus far? What has led you to this point in your life?  • Present: Why are you applying to graduate school? Why are you choosing this institution? Why are you choosing this program?  • Future: What are your career goals? How will your degree from Franklin help you to attain them?			
I declare that the information I supplied on this form is correct and complete.  I am aware of the course fee and living costs of my stay in U.S.A and have the financial capacity to meet such costs for the duration of my course. I will make timely payments of any fees or associated costs.			

I am aware of the course fee and living costs of my stay in U.S.A and have the financial capacity to meet such costs for the duration of my course. I will make timely payments of any fees or associated costs. I give my consent to share my academic performance and fee payment details with Leeds Management Services

I certify that the information provided on this application is true, accurate and complete. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission.

I give my consent to Leeds Management Services to check and verify the various components of my application to Franklin University, and I authorize Leeds Management Services to share this information with any third party involved in conducting such verification.

Applicant Signature	Date	30/07/2025





APPLICANT'S CHECK LIST (TICK ALL THAT YOU HAVE COMPLETED)	AGENT'S DECLARATION AND DETAILS (If Applicable)
<ul> <li>□ All details in the application form are filled in correctly</li> <li>□ Application is signed and dated</li> <li>□ All attached documents are verified by agent or certified</li> <li>I am attaching the following documents</li> <li>□ Passport copy</li> <li>□ Proof of English</li> <li>□ Any other Academic documents Certificates/ Transcripts/Statements (if any</li> <li>□ Work Experience Letters</li> </ul>	☐ I have assessed the applicant as a genuine student X ☐ The applicant is genuine in making this application and has every intention of completing all courses listed in the application and has sufficient funds to complete the courses. ☐ I have made every effort to verify the authenticity and validity of the documents which form part of this application  Agent Signature  Date  Agent Stamp
PLEASE SUBMIT YOUR APPLICATION TO	Leeds Management Services admissions.franklin@leedsmanagementservices.com