



SERVICE DOG TRAINING SEMINAR APPLICATION

Name

_____ / _____ / _____
Last First Middle Initial

Current mailing address

_____ / _____ / _____ / _____
City State: Zip Country

Phone

Home _____ Cell _____
Email _____

___ Auditing Seminar

Educational Background

___ High School Equivalency/Diploma
___ College Coursework
___ College Degree (circle): Associate Bachelor Master PhD
___ Professional License

Veteran YES ___ NO ___

Dog Experience

Dog breed(s) owned/handled: _____ none _____
Years of dog ownership: _____ none _____
Training Experience: _____ none _____
Types of Training

*Seminar students are assigned a dog to train, including evenings and weekends.

Employment Information

Current occupation/employment: _____
Do you intend to change careers after completing your education at Bergin University? ___ Yes ___ No ___ Unsure
If "yes," what career are you intending to pursue and how do you plan to use your certificate? _____

How Did You Hear About Us? _____

Application Process (Applicants will not be officially accepted until all documentation is received)

1. **To start the application process**, please return this Application Form along with the \$50.00 non-refundable application fee. *
2. **To complete the application process**, send the following materials:
 - ____ Verification of high school equivalency (copy of transcript, diploma or GED)
 - ____ Official college transcripts
 - ____ Copy of driver’s license (or birth certificate or passport with name & birth date)
 - ____ One-page essay explaining your interest in and intention to utilize the educational program
 - ____ Two letters of reference: one personal, one professional
3. Send all application materials to:

Bergin University of Canine Studies
Attn: Admissions
5860 Labath Avenue
Rohnert Park, CA 94928

Applicant Signature

All information and application materials I am providing to Bergin University of Canine Studies are true and accurate.

Applicant’s Signature

Date

* The \$50.00 non-refundable application fee must accompany this application.

I’ve enclosed (circle one): Check Money Order Visa MasterCard American Express

Cardholder’s name: _____

Card number: _____

3-Digit Verification Code: _____

Expiration date: _____

Amount: _____

Cardholder’s Signature: _____

Acknowledged by Bergin University Representative

Date