

APPLICATION RECEIPT

BASIC INFORMATION	
Full Sail ID number: 50086820	Date of birth: 05/16/1998
Legal name: Md. Tawshiqul Islam Rafi	Primary phone: 01839462106
Nickname:	Secondary phone:
Email address: tawshiq.rafi02@gmail.com	Other phone:
Alternate email address:	Physical address: Islam Mansion, Navy Hospital Gate, EPZ, Chittagong, Bangladesh
Gender: Male Female Not specified	Chittagong, Chittagong 4218 BD
ETHNICITY/DEMOGRAPHICS	
Is applicant Hispanic?	
Race indicated:	
PREVIOUS EDUCATION	
Is applicant a Current High School Student? Yes Vo	
If yes, is applicant a high school senior? Yes No	
School State: School City:	School Name:
Expected Graduation Date:	
If no, did applicant receive a: ✓ Standard High School Diplo	ma GED None of the Above
GED Information:	
Testing center City / State:	Institution:
Year Taken:	Date GED Received:
Did applicant take classes or complete a degree at a college or university? Yes V No	
School State: School City:	
School Name: Years Attend	led: -
School Name: Years Attended Did applicant graduate from a college or university?	led: - Yes No
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Did applicant graduate from a college or university?	
Did applicant graduate from a college or university? Graduation date:	

VETERANS AFFAIRS BENEFIT INFORMATION
Is applicant using Veterans Affairs (VA) Benefits to help fund their education? Yes Vo
If yes, status: Active Duty Dependent Reservist Veteran
CITIZENSHIP/NATIONALITY
Is applicant a U.S. Citizen? Yes V No
If yes, last 4 digits of SSN:
If no, applicant is: U.S. Permanent Resident V Non Citizen U.S. Visa Holder
Country of origin: BD
Is English your Primary Language? Ves No
If no, Primary Language:
DEGREE PROGRAM
Primary degree: Information Technology Bachelor of Science Degree Program-Online
Additional degrees:
Registration/Orientation date: 04/03/2022 Start date: 04/04/2022
ACKNOWLEDGEMENTS
Have you ever been arrested for, charged with, or convicted of a criminal offense, regardless of the adjudication?
Yes No
ACCEPTANCE AGREEMENT

If accepted, I agree to abide by the policies of the school and authorize the use of my likeness, appearance, performance, voice, name, and student projects in connection with the operation and promotion of the school. I acknowledge that names, products, services, logos, and concepts may be service marks, trademarks, patents, registered service marks, or registered trademarks of Full Sail, LLC. and may not be used in any way without the express written consent of Full Sail, LLC. I have read the school catalog and understand its contents and requirements. I also understand that Full Sail reserves the right to withdraw subjects, courses and programs if registration falls below the required number, and to change faculty and staff without prior notice to students. I hereby grant Full Sail permission to make any necessary inquiries. I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, and/or its officers, employees, and agents, to comply with such a request from Full Sail or its agents. The information I have provided is complete and accurate to the best of my knowledge. I agree to abide by all rules and regulations of Full Sail.

✓ I AGREE Full Legal Name: Md. Tawshiqul Islam Rafi Today's Date: 02/16/2022