
STUDENT ENTRY APPLICATION FORM (P-001)
(Please Print, Fill Out & Send Back along with a recent photo of yourself)

(I.) PERSONAL INFORMATION

1. Date of Application: (Day/Mo/Yr) _____

2. Registration / Application Fee Sent _____

3. Name of Applicant: (Circle Appropriate) Mr., Mrs., Miss

Last/Family Name, First, Preferred Name, Middle

4. Course Applying for: _____ Starting Date: (Mo/Yr) _____

*Note: The DTS or DTS with field assignments are pre-requisites for all other U of N courses.

5. Do you have a second choice date to attend this course? If yes, specify date: (Mo/Yr) _____

6. Are you pursuing a U of N degree? [] No [] Yes

7. Please Specify:

U of N College _____ Major _____ Degree level _____

8. Your Current Address (temporary until when): _____

Street/P.O. Box City State/Prov Zip (Postal) Code

Country Phone No. (Home/Work) Email Address

9. Permanent Address:

Street/P.O. Box City State/Prov Zip (Postal) Code

Country Phone No. (Home/Work) Email Address

10. Personal Information:

Age: _____ Birth date: _____ Sex: _____
(Day/Mo/Yr) (M / F)

Birthplace: _____
City State/Prov. Country

U.S. Social Security Number / Canadian S.I.N.: _____

11. Predominant Ethnic Background of Student - This information is used for statistical purposes only and will not be used to determine eligibility for admission. The federal government requires that we supply ethnic enrollment data. Please identify and indicate on line below:

- [] Asian or Pacific Islander [] Black [] White/North American
- [] Hispanic [] N. American Indian or Alaskan Native
- [] White/Other [] Asian [] South American
- [] African

12. Marital Status: Single Engaged (Date: _____)
 Married (Date: _____+) Separated (Date: _____)
 Divorced (Date: _____) Remarried (Date: _____)
 Widowed (Date: _____)

13. Spouse's Name:

<i>Last/Family</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Age</i>	<i>Birthplace</i>	<i>Birth date</i>
	<i>City</i>	<i>State/Prov.</i>

14. Country Dependents: Names of children accompanying you:

<i>Last/Family Name</i>	<i>First</i>	<i>Middle</i>
<i>Birth date</i>	<i>Sex</i>	<i>School Grade</i>

15. Will you be accompanied by other dependents? Yes No

<i>Last/Family Name</i>	<i>First</i>	<i>Middle</i>
<i>Birth date</i>	<i>Sex</i>	<i>School Grade</i>

16. EMERGENCY INFORMATION

In case of Emergency, contact:

Name: _____ Relationship: _____

<i>Address</i>	<i>Street</i>	<i>City</i>
<i>State/Prov.</i>	<i>Zip (Postal) Code</i>	<i>Country</i>

Home Phone No: _____ Work Phone No: _____

17. CHURCH

Home Church: _____ Denomination: _____

Pastor's Name: _____

Pastor's Address:

<i>Street,</i>	<i>City,</i>	<i>State/Prov</i>
<i>Zip (Postal) Code,</i>	<i>Country,</i>	<i>Phone</i>

18. STUDENT EMERGENCY INFORMATION:

Height: _____ Weight: _____ Blood Type (O,A,B,AB, (+ or -): _____

Are you allergic to any drugs? No Yes (specify)

19. CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's Signature: _____ Date: _____
Day/Mo/Yr

Signature of parent or guardian required, if applicant is less than 18 years of age:

Signature: _____ Date: _____
Day/Mo/Yr

20. LANGUAGES

Languages: Please identify and indicate English proficiency:

- 1- elementary speaking
- 2- limited word proficiency
- 3- minimum professional proficiency
- 4- full professional proficiency
- 5- native speaking proficiency
- 6- mother tongue

Other languages and proficiency: _____

21. WORK EXPERIENCE

Have you ever been on YWAM staff? Yes No

(If yes, please list below. Also include significant previous non-YWAM jobs.)

<i>Previous Work Position(s)</i>		<i>Organization/Church</i>
<i>Dates</i>	<i>Location(s)</i>	<i>Supervisor/Pastor</i>
<i>Occupation/Profession</i>	<i>Work Type</i>	<i>Phone</i>

22. SKILLS

<i>Occupational Skills</i>	<i>Years Experience</i>	<i>Musical</i>
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Ability or Other Talents: _____

23. EDUCATIONAL INFORMATION

I have not completed high/secondary school. Highest educational level completed: _____

Secondary (High) School/ College/ Seminary Attended:

<i>Name</i>	<i>Address</i>	<i>Dates Attended</i>
<i>Degree/Major</i>	<i>Dates</i>	

* Note: (If you intend to pursue a U of N degree, transcript(s) of your record(s) at each High/Secondary School or College/University/Seminary you have attended must be submitted to the U of N Registrar by the institution. Also, please have all former YWAM school leaders or staff send verification of your satisfactory school completion, including lecture and field assignment dates, location(s) and grades.)

24. YWAM / U of N BACKGROUND INFORMATION

Have you previously attended a YWAM or U of N school(s)?

Yes No If yes:

<i>School(s)</i>	<i>Dates attended</i>	<i>Location</i>
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A. Lecture Phase:

<i>Mo/Yr to Mo/Yr</i>	<i>City/Country</i>
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B. Field Assignment Phase:

<i>Mo/Yr to Mo/Yr</i>	<i>City/ Country</i>
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(Please arrange for your most recent school leader to send a Reference

Form to the U of N Admissions and Records Office)

25. PASSPORT/VISA INFORMATION

<i>Country of Citizenship</i>	<i>Name as listed on Passport</i>	
<i>City and Country Where Passport Issued</i>	<i>Passport #</i>	
<i>Passport Expiry Date</i>	<i>Visa Type(if issued)</i>	<i>Date Visa Issued</i>
<i>City and Country Where Visa Issued</i>	<i>Visa Expiry Date</i>	

Have you ever been refused a visa? No Yes
(Give nation and details): _____

26. FINANCIAL INFORMATION

Do you have your complete school fees? Yes No
If no, from what source will they come? _____
Do you have any outstanding debts? (If so, please explain):

27. ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I understand that payment of the required school tuition fees must be made in U.S. currency prior to or upon my arrival, unless otherwise approved in writing by the School Leader before my departure for RUSSIA. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with Youth With A Mission and University of the Nations. If I am accepted by the University of the Nations, I will abide by the Spirit, rules, and schedule of the school.

Signature: _____ Date: _____

" O Lord, who may dwell in your sanctuary? Who may live in your holy hill? He... who keeps his oath even when it hurts..." (Psalm 15:1,4b)

28. RELEASE OF LIABILITY

I/We do hereby release University of the Nations, and Youth With A Mission. Inc, its staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with University of the Nations/ YWAM.

Applicant's Signature: _____ Date: _____
Signature of parent or guardian required, if applicant is under 18 years of age:
Signature: _____ Date: _____
Relationship: _____

29. EXPECTATIONS (Please use additional paper if necessary)

How did you first hear of the U of N / YWAM DTS?

What reasons most influenced your decision to apply?

What expectations do you have for this course?

I certify that all information in this application is complete and accurate.

Applicant's Signature: _____ Date: _____

UNIVERSITY OF THE NATIONS IS A DEGREE GRANTING INSTITUTION (Associate, Bachelor & Master), BUT IS NOT ACCREDITED BY ANY ACCREDITING AGENCY OR ASSOCIATION RECOGNIZED BY THE UNITED STATES COMMISSIONER OF EDUCATION.

University of the Nations (U of N) admits students of any race, color, national, and ethnic origin, to all the rights, privileges, programs, and activities generally accorded, or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered program.