



UNIVERSITY OF THE NATIONS
YWAM ULAANBAATAR, MONGOLIA



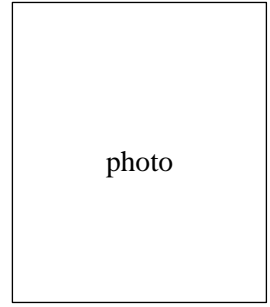
STUDENT APPLICATION

School name: _____ **Date of Application:** D ___ M ___ Y _____

Identity:

Last name: _____ **Firstname:** _____ **Middle:** _____

Birthdate: D ___ M ___ Y _____ **Age:** _____ **Gender:** Male / Female



Permanent address: Street / Box: _____

City / Town: _____ **State:** _____ **Country:** _____

Birthplace: _____ **Phone:** _____ **E-mail:** _____

Passport / Visa information

Country of citizenship: _____ **U.S.Soc. Sec. # :** _____

Name as listed on passport: _____

City and country where passport was issued: _____

Passport number: _____ **Passport expire date:** D ___ M ___ Y _____

Countries traveled in the last 5 years? _____

Have you ever been denied a passport or visa? Yes No **if yes, nation and details:** _____

Health Information

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

Do you have any allergies? Yes No

Specify: _____

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.



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Marital status:

Single Engaged Married Remarried Widowed

Spouse Last name: _____ Firstname: _____ Middle: _____

Birthdate: D ___ M ___ Y _____ Birthplace: _____

Will your spouse be accompanying you? Yes No

Children / Nany:

Last name	First name	Birthdate	Gender	Foundation school /Yes or No/

Emergency information

In case of emergency contact: _____ Relationship: _____

City / Town: _____ State: _____ Country: _____

Phone: _____ E-mail(s): _____

Church information

Home church: _____ Pastor: _____ Denomination: _____

City / Town: _____ State: _____ Country: _____

Street / Box: _____ Phone: _____

Languages: (Please identify and rate your English language proficiency below)

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: _____



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YWAM/UofN background: Have you previously attended a YWAM or U of N school? Yes No

School	Location	Dates	
		Lecture	Outreach

Skills and talent:

Occupational skills: _____ Years experience: _____

Musical or other talent: _____ Years experience: _____

Financial information:

Do you have your complete school fees? Yes No

What amount do you have? \$ _____ Amount still needed? \$ _____

From what source will still-needed funds come? _____



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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. Further, I agree too meet in a timely manner, prior to the completion of school , all expenses incurred during my involvement with Youth With A Mission and Universityof the Nations. If I am accepted by the University of the Nations, I will abide by the spirit, rules and schedule of the school.

Applicant’s signature: _____ date: D___ M ___Y_____

Signature of parent or guardian: (Required if applicant is under 18 years of age)

Signature: _____ date: D___ M ___Y_____ Relationship:_____

Certification:

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

Applicant’s signature: _____ date: D___ M ___Y_____

Signature of parent or guardian: (Required if applicant is under 18 years of age)

Signature: _____ date: D___ M ___Y_____ Relationship:_____

Please email all forms to:

ywamub@gmail.com

info@ywamubmongolia.org

Phone: +976 91000733

+976 96201609