



# UNIVERSITY OF THE NATIONS PHNOM PENH



## STUDENT APPLICATION Discipleship Training School (DTS)

Date of Application: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

### Identity:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_

Sex: [ ] Male [ ] Female Age: \_\_\_\_ Birth date: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Birthplace: \_\_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_

### Mailing address: (Until: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_)

Street/Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

### Permanent address:

Street/Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 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 \_\_\_\_

Visa type (non US citizens only): \_\_\_\_\_ Date issued: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

City and country where visa was issued: \_\_\_\_\_

Visa expire date: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Have you ever been denied a passport or visa? [ ] Yes [ ] No If yes, nation and details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Marital status:**

Single

Engaged (Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)  Married (Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)

Separated (Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)  Divorced (Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)

Remarried (Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)  Widowed (Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)

Last name:\_\_\_\_\_ First name:\_\_\_\_\_ Middle:\_\_\_\_\_

Sex:  Male  Female Birth date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_ Birthplace:\_\_\_\_\_

Will your spouse be accompanying you?  Yes  No

**Children:** (List only children coming with you).

Last name:\_\_\_\_\_ First name:\_\_\_\_\_ Middle:\_\_\_\_\_

Sex:  Male  Female Birth date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_

Last name:\_\_\_\_\_ First name:\_\_\_\_\_ Middle:\_\_\_\_\_

Sex:  Male  Female Birth date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_

Last name:\_\_\_\_\_ First name:\_\_\_\_\_ Middle:\_\_\_\_\_

Sex:  Male  Female Birth date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_

**Nanny:** (Must accompany children under 3, separate student application required, no application fee.)

Last name:\_\_\_\_\_ First name:\_\_\_\_\_ Middle:\_\_\_\_\_

Sex:  Male  Female Birth date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_

Birthplace:\_\_\_\_\_

**Criminal record:** (If answer to either question is yes, please explain details on separate sheet of paper.)

Have you ever been convicted of a felony?  Yes  No If so, when and where?\_\_\_\_\_

Have you ever been convicted of a sexual crime?  Yes  No If so, when and where?\_\_\_\_\_

**Emergency information:**

In case of emergency contact:\_\_\_\_\_ Relationship:\_\_\_\_\_

Street/Box:\_\_\_\_\_

City/Town:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Country:\_\_\_\_\_ Phone:\_\_\_\_\_

Email(s):\_\_\_\_\_

**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: D\_\_\_\_M\_\_\_\_Y\_\_\_\_

Signature of parent or guardian: (Required if applicant is less than 18 years of age.)

Signature: \_\_\_\_\_

Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_ Relationship: \_\_\_\_\_

**Church information:**

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Denomination: \_\_\_\_\_

Street/Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**Work experience:** (Please list all work experience for the last 10 years, starting with most recent.)

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Dates: M \_\_\_\_\_ Y \_\_\_\_\_ to M \_\_\_\_\_ Y \_\_\_\_\_ Supervisor: \_\_\_\_\_

Skills used: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Dates: M \_\_\_\_\_ Y \_\_\_\_\_ to M \_\_\_\_\_ Y \_\_\_\_\_ Supervisor: \_\_\_\_\_

Skills used: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Dates: M \_\_\_\_\_ Y \_\_\_\_\_ to M \_\_\_\_\_ Y \_\_\_\_\_ Supervisor: \_\_\_\_\_

Skills used: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Dates: M \_\_\_\_\_ Y \_\_\_\_\_ to M \_\_\_\_\_ Y \_\_\_\_\_ Supervisor: \_\_\_\_\_

Skills used: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Dates: M \_\_\_\_\_ Y \_\_\_\_\_ to M \_\_\_\_\_ Y \_\_\_\_\_ Supervisor: \_\_\_\_\_

Skills used: \_\_\_\_\_

**Skills and talents:**

Occupational skills: \_\_\_\_\_ Years experience: \_\_\_\_\_

Musical or other talents: \_\_\_\_\_ Years experience: \_\_\_\_\_

**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: \_\_\_\_\_

**Educational experience:**

Grades completed: [ ] Grade school [ ] Secondary/High school [ ] Equivalent secondary/high school  
[ ] College/University [ ] Post graduate

Institution: \_\_\_\_\_ Dates: M \_\_\_\_ Y \_\_\_\_ to M \_\_\_\_ Y \_\_\_\_  
Degree/Major \_\_\_\_\_ Date: M \_\_\_\_ Y \_\_\_\_  
Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M \_\_\_\_ Y \_\_\_\_ to M \_\_\_\_ Y \_\_\_\_  
Degree/Major \_\_\_\_\_ Date: M \_\_\_\_ Y \_\_\_\_  
Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M \_\_\_\_ Y \_\_\_\_ to M \_\_\_\_ Y \_\_\_\_  
Degree/Major \_\_\_\_\_ Date: M \_\_\_\_ Y \_\_\_\_  
Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M \_\_\_\_ Y \_\_\_\_ to M \_\_\_\_ Y \_\_\_\_  
Degree/Major \_\_\_\_\_ Date: M \_\_\_\_ Y \_\_\_\_  
Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M \_\_\_\_ Y \_\_\_\_ to M \_\_\_\_ Y \_\_\_\_  
Degree/Major \_\_\_\_\_ Date: M \_\_\_\_ Y \_\_\_\_  
Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M \_\_\_\_ Y \_\_\_\_ to M \_\_\_\_ Y \_\_\_\_  
Degree/Major \_\_\_\_\_ Date: M \_\_\_\_ Y \_\_\_\_  
Address: \_\_\_\_\_

**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? \_\_\_\_\_

Do you have any significant outstanding debts? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_

**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 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.**

Applicant's signature: \_\_\_\_\_

Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

Signature of parent or guardian: (Required if applicant is less than 18 years of age.)

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Expectations:**

How did you first hear of the University of the Nations? \_\_\_\_\_

What reason most influenced your decision to apply? \_\_\_\_\_

What expectations do you have for this course? \_\_\_\_\_

**Certification:**

**I certify 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 less than 18 years of age.)

Signature: \_\_\_\_\_

Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please mail all forms to:**

DTS Phnom Penh  
U of N Cambodia  
PO. Box 1415  
Phnom Penh  
Cambodia

Phone: 855-23-882-680  
Email: [dts@uofncambodia.org](mailto:dts@uofncambodia.org)  
Website: [www.uofncambodia.org](http://www.uofncambodia.org)