



Campus UNA-HAITI : En face Carrefour Phaéton, Rte Dolval, Terrier Rouge, Rt N # , Dép. Nord Est . Haïti. W.I
Contacts Haïti : (+509)3461-0606 / 3288-43434. USA : (+1561) 577-1998
Email : secretariat@una-haiti.edu.ht / admission@una-haiti.edu.ht
Site : www.una-haiti.edu.ht

Application for Admission

HAITIFORCHRIST@AOL.COM

3422 - BOYNTON BEACH FL , USA 33424

USA OFFICE: P.O BOX

PHONE: 561-577-1998

Applicant

Full name: (nom complet) _____ Preferred name (Alias): _____

Home mailing address (Adresse): _____

Home phone number: _____ Cell phone number: _____

Email address: _____ Date of birth (Naissance) _____

Social Security Number (No. carte): _____ Gender: Male Female

Marital status: Single Married Widowed Divorced* Separated* Single Parent*

* Send a letter of explanation with application. Envoyez une lettre de couverture avec cette application.

Number of dependents (combine de personne chez vous): _____ Legal state of residence (lieu): _____

U.S. citizen: Yes No permanent status? Avez-vous un passeport ? Yes No

Country of citizenship (Citoyen) _____ Place of birth(Lieu de naissance): _____

First language _____ Parlez-vous Anglais ? _____ Others/Autres? _____

Ethnic background: African American Asian-American Caucasian

Hispanic/Latino Native American International Non-U.S. citizens

Visa type/ quell Visa? : _____ Admissions number: _____

Family /Famille

Name of father/Pere: _____

Address: _____ Phone number: _____

Name of mother/Mere: _____

Address: _____ Phone Number: _____

Are your parents/guardians in sympathy with your attending New Alliance UNA or NATS Yes No

Has any member of your family ever applied for admission to or attended UNA or New Alliance Theological Seminary? Yes No

marital status (Marriage): Married Separated Divorced Remarried Single Parent

Admissions : License ____ Master/Maitrise ____ Doctor/Docteur ____

WHAT PROGRAM / QUEL PROGRAMME ? _____

Admissions status:

- First-time freshman (you have never attended college) /Première fois a l'UNA/NATS.
- New student with no transfer credit/Aucune lettre de transfert ou credits
- New student with transfer credit/Nouveau étudiant avec crédits
- Re-admission / Etudiant qui retourne.
- Non-degree seeking/Je ne veux pas de degré, mais un simple certificat

Expected entrance term: Fall semester Spring semester Year: 20__

Expected enrollment: Full-time Part-time

Expected length of study: _____ years/ Durée d'Etudes

Pick your program here / choisissez votre programme ici

Bachelor of Arts degrees/ Bachelier ou license en :

- Leadership Organisationnel
- Recherche et Investigation Education Publique _____
- Philosophie d'Education Undecided/ Je ne sais pas

How did you learn about NATS/ Qui vous a donné reference?

Leaders Publicité Students Website Other/Autres: _____

Attendance reason (Votre raison d'attendre UNA-HAITI/NATS:)

- Academic Accreditation Faculty Family
- Financial Location Social Spiritual

Application for Admission

Education/Votre Education

High school graduation date (month, day, year) : _ / classes secondaires / quand?

GED date (month, day, year) Examen final Bacc: _____

High school / Quelle Ecole: _____

Address: _____ Phone Number: _____

Type of high school attended/ Type d.Ecole: Public Private Christian Home school

Please list all colleges/Universités, Ecole Biblique, Etc....

1. Name of school/ Nom: _____ Phone number: _____

Mailing address: _____

Dates (En quelles années?): _____ Quelles Etudes: _____

Did you graduate/Gradué? Yes No

2. Name of school: _____ Phone number: _____

Mailing address: _____ Dates : _____

Quelles Etudes : _____

Did you graduate/ Gradué? Yes No

Religion (Religieux oui ou non ?) _____

Voulez-vous nous en parler? Yes No

Denomination: _____ Name of church/Eglise : _____

Address: _____

Pastor: _____ Pastor's phone number: _____

Christian/Chretien? Yes No

Affiliation _____

ATTENTION: THIS PAGE IS ONLY FOR THE NEW ALLIANCE THEOLOGICAL SEMINARY (NATS)
IGNOREZ CETTE PAGE SI VOUS N'APPLIQUEZ PAS POUR LE SEMINAIRE THEOLOGIQUE DE LA NOUVELLE ALLIANCE
===== CONTINUE IN THE FOLLOWING PAGE / CONTINUEZ A LA PAGE SUIVANTE =====

Admissions : License ___ Master/Maitrise ___ Doctor/Docteur ___

WHAT PROGRAM / QUEL PROGRAMME ? _____

Admissions status:

- First-time freshman (you have never attended college) /Premiere fois a NATS.
- New student with no transfer credit/Aucune lettre de transfert ou credits
- New student with transfer credit/Nouveau étudiant avec crédits
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Expected entrance term: Fall semester Spring semester Year: 20__

Expected enrollment: Full-time Part-time

Expected length of study: _____ years/ Durée d'Etudes

Pick your program here / choisissez votre programme ici

Bachelor of Arts degrees/ Bachelier ou license en :

- Biblical Studies / ETUDES BIBLIQUES
- Theology/ Théologie Education Biblique _____
- Church Administration Autre _____

How did you learn about NATS/ Qui vous donne reference?

- Leaders Publicite Students Website Other/Autres: _____

Attendance reason (Votre raison d'attendre UNA-HAITI:)

- Academic Accreditation Faculty Family
- Financial Location Social Spiritual

Je veux mon degré dans _____

Je veux recevoir tous mes cours par correspondance _____

Je préfère étudier en ligne sur namusa.org ou sur una-haiti.edu/ht _____

Je suis déjà pasteur _____ Je veux être pasteur _____ Je suis leader d'Eglise _____ Je comprends que tous les cours de NATS sont a caractère Ecclésiastique et non- vocationnel et que le degré obtenu a NATS est différent des degrés de l'UNA qui peuvent aider aux étudiants d'obtenir un travail dans le secteur public.

SIGNATURE DE L'ETUDIANT _____ DATE _____

Application for Admission

Finances

Responsible party's name / Responsable de vos paiements: _____

Phone number: _____ Carte de Banque _____

Nom de Banque et Location _____ Numéro de compte _____

How do you plan to finance your education? Comment paierez-vous a UNA /NATS ? _____

Monthly/Mensuellement Every 3 months/chaque 3 mois () AUTREMENT

Do you need a loan/ Voulez-vous un plan? Yes No

Membre du gouvernement? Yes La Police ? Yes No

Medical Background/ Questions médicales

Check the appropriate boxes/ choisissez la boîte correspondante:

Do you have any present illness(es)/ une maladie quelconque ? Yes No

Do you have any history of any serious illness(es)/ Maladies passées? Yes No

Do you have any significant allergies/ Allergies ? Yes No

Are you presently taking any type of medication/ Presents médicaments? Yes No

Do you have any type of condition that limits your physical activities/ impédiments? Yes No

If any of the above answers is yes, please give complete details on a separate sheet of paper.

Emergency Contact: _____

Address: _____

Phone number: _____ Relationship/ Quelle relation: _____

Special Considerations

Do you have any significant physical or learning impairments?/ Problèmes physiques. Yes No

Have you ever been treated for any nervous, mental, or emotional ?/ Mental Yes No

Have you ever used illegal drugs?/ Avez-vous utilisé de la drogue? Yes No

Do you drink alcoholic? /Alcohol ? Yes No

Do you use tobacco in any form? Vous fumez?. Yes No

Were you ever expelled, dropped, or suspended in high school or college? Expulsion? Yes No

Are you, or have you ever been, under the supervision of a parole officer or court? Yes No

Have you ever been arrested .? / Avez-vous ete arrêté?. Yes No

If any of the above answers is yes, please give complete details on a separate sheet of paper.

Admission Agreement/ ACCORD FINAL

I certify that the information on this application is complete and accurate to the best of my knowledge. If admitted to Una-Haiti or New Alliance Theological Seminary, I will comply with the rules and standards, both on and off campus, in accordance with the aims and obligations in the Catalog and Student Handbook as long as I am enrolled as a student.

Je certifie que toutes les informations données sont vraies en toute conscience. Si je suis admis a l'UNA ou NATS, J'obéirai aux lois et aux principes de l'Institution, au campus et au dehors du campus selon les règles trouvées dans le décalogue de l'UNA NATS. J'accepte de ne jamais prendre aucune action légale contre UNA-HAITI, contre NAM, contre NATS et contre ses leaders, promettant au contraire de terminer toutes mes études selon les instructions reçues des autorités administratives.

Applicant's signature: _____ Date: _____

Note: If applicant is under 18 years of age, a parent/guardian is required to endorse the following statement.

I support the rules and standards of New Alliance Theological Seminary and desire that my son/daughter attend this institution. Un parent ou gardien doit signer si l'Etudiant est moins de 18 ans.

Parent/guardien signature: _____ Date: _____

NEW ALLIANCE UNIVERSITY OF HAITI does not discriminate on basis of age, race, color, national or ethnic origin, or against otherwise-qualified, physically challenged persons in its admission of students or employment of its faculty and staff.

L'UNIVERSITE DE LA NOUVELLE ALLIANCE D'HAITI (UNA ET NATS) REJETTE TOUTE FORME DE DISCRIMINATION SUR LA BASE D'AGE, RACE, COULEUR, ETHNICITE, ETAT PHYSIQUE D'UNE PERSONNE POUR LUI DONNER ACCES COMME ELEVE OU COMME MEMBRE DE SON FACULTE.

Recommendation Form

Please have this recommendation form completed by someone other than a relative.

POUR ETRE COMPLETE PAR UN TEMOIN QUELCONQUE

To Be Completed by The Applicant/ Complete par l'Etudiant

I hereby authorize the release of the following information to be considered in my application for admission to NEW ALLIANCE UNIVERSITY OF HAITI. I understand that the information will be held in confidence and will not be released to me or anyone else. I understand the person completing this form will mail it directly to New Alliance UNIVERSITY OF HAITI.

Applicant's name (please print)

Signature of applicant

Street address

City, State, Zip code

Phone number

CHOSEN WITNESS/ TEMOINS CHOISI

Please help us make an educated decision in the selection of students by filling out this form with fair, honest information regarding the applicant. Please include any information regarding the applicant's past that could negatively affect his/her time at UNA-HAITI/ NATS and/or be potentially detrimental to fellow students or the College. Also, let us know his/her special talents and abilities. This information will be held strictly confidential and will not be made available to the applicant.

Thank you for your assistance! ***(Stipulant avoir connu l'individu et qu'il est honnête, talentieux et ne sera pas un problème quelconque pour UNA-HAITI, Ses étudiants et sa faculté.)***

Name (please print)

Signature

Street address

City, State, Zip code

Phone number