**APPLICATION AND REGISTRATION FORM**

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| **Personal Particulars** | | |
| Date of Application |  | |
| Last Name |  | |
| First Name |  | |
| Middle Name (If any) |  | |
| Social Security/Passport Number |  | |
| Date of Expiry of the Passport |  | |
| Country of Residence |  | |
| Nationality |  | |
| Program of Study |  | |
| Date of Birth |  | |
| Age |  | |
| Race |  | |
| Gender |  | |
| Marital Status |  | |
| US Citizen? | YES/NO | |
| On Visa? | YES/NO | |
| Visa Type (If applicable) |  | |
| Visa Expiry Date |  | |
| Current Address |  | |
| Permanent Address |  | |
| Contact Phone Number (Home) |  | |
| Cell Number |  | |
| Email Address |  | |
| **In the case of an emergency, who do you want the school to contact?** | | |
| Full Name | |  |
| Address | |  |
| Relationship | |  |
| Contact Phone Number | |  |

**Education and Training**

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| Name of School | Program/Award received | Date (From-To) |
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Please return this Application via email at [admission@acet.education](mailto:admission@acet.education) with

(1) Most Current Passport Color Pictures

(2) All Certificates, Diplomas and Ordination Certificates, High School Diploma, or GED

(3) Main Page of your passport

(4) Write a Letter Explaining Why You Wish to Study at the UA

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by signing below, have acknowledged that I have personally obtained and read the UA’s brochure containing all its programs and have all my questions answered before I proceeded with this application, I have read and understand the refund policy, students admission and academic policies, and I also understand that belonging to a gang, cult ,exam malpractice, late to class, un excused absenteeism, tardiness, rioting, fight, disrespecting a lecturer or any UA personnel, disrupting the class, or being caught or arrested in any vices of any moral turpitude e.g. theft, armed robbery, prostitution, murder, tribalism, arson and terrorism, falsification of academic records, fraudulent certificate et cetera, will result in immediate termination, cancellation and withdrawal of my admission and my being a student of UA without any refund.

|  |  |
| --- | --- |
| Applicant Signature |  |
| Date |  |
| Your Full Name |  |

\*\* The University of America (UA) is authorized by the State of Florida Department of Education Commission on Independent Education by Section 1005.06(1)(f), Florida Statutes and Rule 6E-5.001, and 1997 Florida Code TITLE XVI EDUCATION Chapter 246 Nonpublic Postsecondary Institutions 246.084(1)(2)(3) Authorization. To award Associate in Arts, Associate in Science, Bachelor of Arts, Bachelor of Science, Master of Arts, Master of Science, and Doctor of Philosophy in the following categories: ministry, counseling, theology, education, administration, music, fine arts, media communications, and social work.

UA is Fully Accredited by Accreditation Service for International Colleges and Universities (ASIC), A UK international accreditation agency recognized by UK Government, Department of Education and Immigration (Home Office) and listed in the US CHEA's directory of recognized international accrediting agencies.

 