

Office of the Registrar
The University of America
41707 Winchester Road #301 Temecula
CA 92590, United States.



APPLICATION AND REGISTRATION FORM

- 1) PLEASE RETURN APPLICATION TO THE ADDRESS BELOW FOR AN INTERVIEW WITH THE REQUISITE APPLICATION FEES OF \$150
- 2) FOUR MOST RECENT PASSPORT SIZE PHOTOGRAPHS
- 3) AT WO PAGE HANDWRITTEN ESSAY NARRATING WHY YOU WISH TO BE A STUDENT OF UA.
- 4) INCLUDE ALL OFFICIAL ACADEMIC RECORDS, RESULTS, CERTIFICATES, DIPLOMAS OR DEGREES OF ALL PREVIOUS SCHOOLS ATTENDED.

ALL THE QUESTIONS IN THE APPLICATION MUST BE THOROUGHLY FILLED WITH A LEGIBLE HAND WRITING OR IT WILL BE REJECTED.

Soft/ Hard Copies of Completed application form to be transmitted to:

The Chief Registrar

THE UNIVERSITY OF AMERICA
41707 Winchester Road #301
Temecula CA92590 -4832
United States
registrar@ua-edu.us

} *SOFT
COPY*

The Registrar UA, Nigeria

THE UNIVERSITY OF AMERICA
The Nigeria Regional Office
#1 Science & Technology Place
Isuofia, Ekwulobia, Nigeria.
drzems@uan.edu.ng

} *HARD
COPY*

OFFICE USE ONLY

Cert. /Degree Admitted _____

School Year: _____ Session Students/No _____



The University of America
Admission Application Form

DATE-----/-----/-----

CERTIFICATE/DEGREE PROGRAM WHICH YOU ARE APPLYING:

MAJOR _____ MINOR _____

YOUR FULL LEGAL NAME

LAST _____ First _____ Middle _____

OTHER _____

Social Security Number _____ / _____ / _____ INTERNATIONAL PASSPORT
NUMBER A _____ COUNTRY _____ EXPIRES _____

RELIGION; _____ DENOMINATION _____

CAMPUS APPLYING:

_____ ONLINE _____ OTHER _____

DATE OF BIRTH _____ AGE _____

TRIBE _____ RACE _____

GENDER Male Female MARRIED Yes No

PLACE OF BIRTH _____ US CITIZEN? Yes No

ON VISA? Yes No VISA TYPE _____ VISA EXPIRE DATE _____

COUNTRY OF BIRTH _____

CURRENT ADDRESS _____

PERMENENT ADDRESS _____

CONTACT TELEPHONE-@-HOME _____ CELL _____

EMAIL: _____

Students 25 years old and below must provide the university with their parents information below:

PARENTS FULL NAME: FATHER _____

PARENTS FULL NAME: MOTHER _____

PARENTS OCCUPATION _____

PARENTS PHONE NUMBERS: _____

HOME _____ WORK _____

PARENTS CELL _____

PARENTS ADDRESS _____

PARENTS E-MAIL ADDRESS _____

ANY DISABILITY OR HEALTH CONDITION, DESCRIBE _____

SPEECH PROBLEM OR LEARNING DISABILITY _____

IN THE CASE OF AN EMERGENCY WHO DO YOU WANT THE SCHOOL TO

CONTACT FULL NAME: _____

ADDRESS _____

RELATIONSHIP TO YOU _____

TELEPHONE _____ CELL _____

LANGUAGES YOU READ AND WRITE IN _____

EDUCATION AND TRAINING

NAME OF THE PRIMARY/ ELEMENTARY SCHOOL ATTENDED

FROM _____ TO _____ NAME AND FULL ADDRESS OF

SCHOOL _____

CERTIFICATE RECEIVED _____ DATE _____

HIGH SCHOOL/SECONDARY SCHOOL

FROM _____ TO _____

FULL NAME AND ADDRESS OF THE SECONDARY SCHOOL ATTENDED

SCHOOL _____

CERTIFICATE/ DIPLOMA AWARDED _____ DATE _____

COLLEGE/UNIVERSITIES ATTENDED

NAME AND FULL ADDRESS OF THE COLLEGE _____

FROM _____ TO _____ MAJOR SUBJECT _____

DEGREE /DIPLOMA AWARDED _____

GRADUATION DATE _____

COLLEGE/UNIVERSITY

FROM _____ **TO** _____ **MAJOR SUBJECT** _____ **MINOR** _____
DEGREE/ DIPLOMA AWARDED _____
GRADUATION DATE _____
COLLEGE/UNIVERSITY _____

FROM _____ **TO** _____ **MAJOR SUBJECT** _____ **MINOR** _____
DEGREE/DIPLOMA AWARDED _____
GRADUATION DATE _____

I _____ by signing below, have acknowledged that I have personally obtained and read the UoA'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, unexcused absenteeism ,tardiness, rioting, fight, disrespecting a lecturer or any UoA 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 UoA without any refund.

I _____ have read the catalogue of the **UNIVERSITY OF AMERICA** in its entirety, the return policy and student's policy have been explained to me, I understand that university of America's program is not designed for any particular employer, examination/certification boards, local licensing authority in mind, and is specifically designed for the international students without affiliation to any particular state or country in mind. I understand that anyone wishing to transfer to other schools or studying for certification at a particular region and for employment, should first, inquire about their acceptability of our program before applying. signing underneath signify that I have checked about all these and have made up my mind to apply without coercion or duress or manipulation from any UA official either in person by email or UA's literature.

APPLICANT SIGNATURE _____ **DATE** _____

YOUR FULL NAME _____

WITNESS: FULL NAME _____ **DATE** _____

SIGNATURE _____

OFFICE USE ONLY

THE UA's REGISTRAR **REGISTRATION PAID** **NOT PAID** **ATTACH PROOF**

SIGNATURE _____ **UA STAMP OR SEAL FULL**

NAME _____ **HERE**

Return this application with 4 most current passport color pictures (2)all Certificates , Diplomas and Ordination Cert, High School Diploma, or GED/GCE (3) write a letter explaining why you wish to study at the UoA (4) \$150 non-refundable processing fees to: **Office of the Registrar Admissions: The University of America. 41707 Winchester Road #301. Temecula CA 92590. USA. Email: registrar@ua-edu.us. Tele: +1951-239-3084.**