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|  | **University of North America**  **12750 Fair Lakes Circle**  **Fairfax, VA 22033 USA** | **Tel: (571) 633-9651**  **Fax: (703) 890-3372**  [**www.uona.edu**](http://www.uona.edu) |

# APPLICATION FOR ADMISSION AS A SINGLE-SUBJECT STUDENT

# APPLICANT INFORMATION

Name (exactly as it listed on official documents/ID):

Last/Family Name First Name Middle Name (complete) Suffix, if any (Jr., III, etc.)

Birthdate (mm/dd/yyyy):

Personal Email Address: Cell Phone Number:

# Citizenship Status

|  |  |
| --- | --- |
| * + United States (US) citizen   + US permanent resident   Alien registration #: | * + Citizen of a non-US country (list name of country):   Type of US Visa you hold: |

**Current mailing address**

*Number and Street Apartment #*

*City/Town State/Province Country ZIP/Postal Code*

Current home phone with area code (if applicable):

***IF DIFFERENT FROM ABOVE*** - **Permanent Home Address** (international applicants: please provide your home-country address)

*Number & Street Apartment #*

*City/Town State/Province Country ZIP/Postal Code*

Permanent home phone with country & area codes (if applicable):

# SUBJECT AREA OF INTEREST / ENGLISH PROFICIENCY LEVEL

# I am interested in taking a course to advance my knowledge/skill in the following area (check only one):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * English Language | * Management / Business | | * Technology | | * General Education |
| LANGUAGE PROFICIENCY LEVEL | | | | | | |
| **First (native) language**:   * English * Other Language (Specify): | | | | Optional information List Name of English Proficiency Test, Date Taken, and Score: | | |
| Check One Anticipated Term Start Date and Complete the Year (20XX) | | | | | | |
| * Winter, 20\_\_\_\_ | | | * Spring, 20\_\_\_ | * Summer, 20\_\_\_\_ | * Fall, 20\_\_\_\_ | |

1. **EDUCATION BACKGROUND**

Name of U.S. High School OR Non-U.S. Equivalency:

City/Town/State/Province: Country: ZIP/Postal Code:

Date of U.S. High School Graduation OR Non-U.S. Equivalency (mm/dd/yyyy):

#### OPTIONAL EDUCATION INFORMATION: Names of schools, colleges or universities you have attended *beyond* high school

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Post-Secondary School, College/Language Institute Name** | **Location (City/ State, Country)** | **Degree/Major** | **Years attended (yyyy to yyyy)** | **Language of Instruction** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# IV. HOW DID YOU HEAR ABOUT UoNA? (Check One)

|  |  |  |
| --- | --- | --- |
| \_\_\_\_ FRIEND OR FAMILY REFERRAL  \_\_\_\_ GOOGLE SEARCH  \_\_\_\_ SOCIAL MEDIA (SPECIFY): | \_\_\_\_ UoNA WEBSITE  \_\_\_\_ UoNA OPEN HOUSE/ON-CAMPUS EVENT  \_\_\_\_ COLLEGE RECRUITING EVENT (SPECIFY): | \_\_\_\_ GOOGLE AD  \_\_\_\_ NEWSPAPER OR YELLOW PAGES  \_\_\_\_ OTHER SOURCE (SPECIFY): |

# V. ACKNOWLEDGEMENTS

# All single-subject applicants are required to read and acknowledge their understanding of each of the following seven (7) statements by signing their initials below:

|  |  |
| --- | --- |
| **Initials** |  |
| \_\_\_\_\_\_\_\_ | 1. Specific courses may be subject to pre-requisite knowledge or testing to be determined by the academic department at the time of enrollment or by the instructor at the beginning of a course. |
| \_\_\_\_\_\_\_\_ | 1. All courses are taught in English. |
| \_\_\_\_\_\_\_\_ | 1. Course selected is subject to being scheduled for the quarter; not all courses listed in the catalog are offered each term; UoNA reserves the right to cancel a course based on low enrollment. |
| \_\_\_\_\_\_\_\_ | 1. Courses taken as a single-subject, non-program student do not fulfill F1 Visa requirements, I-20s are not issued, and CPT options are not available. |
| \_\_\_\_\_\_\_\_ | 1. Courses taken as a single-subject, non-program student may or may not be transferrable to a UoNA degree, certificate, or diploma program. Clock-hour courses are not transferrable to credit-hour academic/degree programs. |
| \_\_\_\_\_\_\_\_ | 1. Taking a single-subject course does not imply admission or acceptance to a UoNA degree, certificate, or diploma program. Required admission documents must be submitted if application to a program is submitted for a future term. |
| \_\_\_\_\_\_\_\_ | 1. After participating in and having my attendance posted for the course I selected, if I choose to end/cancel my participation, any refund will be in accordance with UoNA published policies. |

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# VI. SIGNATURE

My signature below signifies that I have read and understand all aspects of applying as a single-subject, non-program student at UoNA.

|  |  |
| --- | --- |
| **Applicant Signature**: | **Date *(mm/dd/yyyy):*** |
| **Submit your $100 application fee and, if applicable, other fees and deposits via uona.edu.** | |

# STUDENT DEMOGRAPHIC INFORMATION

Responses to the following items are optional and are used for reporting purposes only about UoNA student demographics. They will not be used to grant or deny a student’s admission to UoNA. The University is committed to fulfilling its mission without discrimination on the basis of race, color, national origin, religion, age, sex, gender, sexual orientation, disability, or veteran status. **Please select one choice from each of the following categories.**

|  |  |  |
| --- | --- | --- |
| GENDER:  \_\_\_\_ FEMALE  \_\_\_\_ MALE  \_\_\_\_ Choose not to disclose | US ARMED FORCES/VETERAN STATUS:  \_\_\_\_ ACTIVE DUTY  \_\_\_\_ VETERAN  \_\_\_\_ SPOUSE OF A SERVICE MEMBER | CURRENT MARITAL STATUS:  \_\_\_\_ SINGLE  \_\_\_\_ MARRIED  \_\_\_\_ Choose not to disclose |

*If you wish to be identified with an ethnic group, please* ***check all*** *that apply:*

|  |  |  |
| --- | --- | --- |
| \_\_\_\_ African American, African, Black  \_\_\_\_ Native American, Alaska Native  \_\_\_\_ Asian American (specify country):  \_\_\_\_ Asian, incl. Indian Subcontinent (specify country): | \_\_\_\_ Mexican American, Chicano  \_\_\_\_ Puerto Rican  \_\_\_\_ Hispanic, Latino (specify country): | \_\_\_\_ White or Caucasian  \_\_\_\_ Native Hawaiian, Pacific Islander  \_\_\_\_ Other (specify): |

---------------------------**UoNA Staff Use Only**---------------------------------------------------------------------------------------------------------------------------------------------

On receipt of this application, I attest I have reviewed the information provided with the applicant, and started the registration process.

|  |  |
| --- | --- |
| **UoNA Authorized Staff Member Name and Title:**  **Signature**: | **Date *(mm/dd/yyyy):*** |