



To Admission Office  
**St. Thomas University**  
**Global American Learning**  
Post Office Box 1089  
West End, North Carolina 27376

**APPLICATION FORM NON-DEGREE-SEEKING  
CERTIFICATES - SINGLE COURSES - CONTINUING EDUCATION**

<p><b>Personal Information</b></p>	<p>Surname: _____          Name: _____          Date of birth: _____ Place of birth: _____          Country: _____          Citizenship: _____          Tax Code: _____          Permanent address: _____          City: _____ Postal Code: _____          Country: _____          Telephone: _____ Mobile Phone: _____          Email address: _____</p>	
<p><b>Non-Degree Programs</b></p>	<p><input type="checkbox"/> Certificate in Cyber Security Foundation  <input type="checkbox"/> Continuing Education          _____          _____  <input type="checkbox"/> Other courses:          _____</p>	<p><input type="checkbox"/> Basic English  <input type="checkbox"/> English Composition I  <input type="checkbox"/> English Composition II  <input type="checkbox"/> Pre-Algebra  <input type="checkbox"/> Preparation for GMAT</p>
<p><b>Last educational qualification</b></p>	<p>Years of Attendance N° _____ Graduation Date ____/____/_____          School Address: _____</p>	
<p><b>Known languages</b></p>	<p>Native speaker: _____ Other languages: _____</p>	
<p><b>Undertakes</b></p> <p>I want you to know that the information provided in this application is true and accurate to the best of my knowledge.</p> <p>I agree to promptly notify you of any changes in my residence, telephone, and e-mail address; I decide to take the online course of my choice according to the rules of the University of St. Thomas; and I agree to pay regular fees as agreed upon in the enrollment agreement.</p> <p>I hereby release and discharge the University, its members, and their officers, agents, and employees from any claims, demands, rights, and causes of action of any kind arising out of or on account of any personal injury, property damage, or its consequences, arising out of or in any way connected with my participation in the program.</p> <p>I further wish to represent and agree that, for the above consideration, I will not sue the University, its members, officers, agents, or employees for any claims arising from my voluntary participation in this program.</p> <p><b>I am informed that the personal information collected will be processed solely in the context of the proceedings for which it was provided.</b></p>		
<p><b>Signature:</b> _____ <b>Place and Date:</b> _____ <u>  </u>/<u>  </u>/<u>  </u>          MM/DD/YYYY</p>		