



To Admission Office
St. Thomas University - Global American Learning
15720 Brixham Hill Avenue, Suite 369
Charlotte 28277, North Carolina - USA
Email: admissions@stthomasuniversity.org

APPLICATION FORM

Personal Information	Surname: _____ Name: _____ Date of birth: _____ Place of birth: _____ Country: _____ Citizenship: _____ Tax Code: _____ Permanent address: _____ City: _____ Postal Code: _____ Country: _____ Telephone: _____ Mobile Phone: _____ Email address: _____	
Non-Degree Programs	Certificate in: <input type="checkbox"/> Cyber Security Foundation <input type="checkbox"/> Beginning International Business <input type="checkbox"/> Fundamentals Organizational Leadership <input type="checkbox"/> Primary and Secondary Online Teaching <input type="checkbox"/> Healthcare Quality Improvement <input type="checkbox"/> Healthcare Management <input type="checkbox"/> Healthcare Human Resources Management <input type="checkbox"/> Healthcare Risk Assessment <input type="checkbox"/> Patient Safety and Quality Improvement <input type="checkbox"/> Gerontology and Aging Services	Certificate in: <input type="checkbox"/> Emergency Department Operations and Workflow Management <input type="checkbox"/> Emergency Medicine Leadership and Team Management <input type="checkbox"/> Emergency Preparedness and Disaster Management <input type="checkbox"/> Quality Improvement and Patient Safety in the Emergency Department Other Courses: <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
Last educational qualification	_____ Years of Attendance N° _____ Graduation Date ____/____/_____ School Address: _____	
Known Languages	Native speaker: _____ Other languages: _____	
<p>Undertakes</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>I am informed that the personal information collected will be processed solely in the context of the proceedings for which it was provided.</p>		
Signature: _____ Place _____ Date ____/____/_____ 		