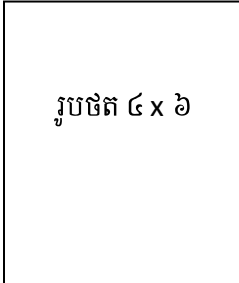




# UNIVERSITY OF THE NATIONS BATTAMBANG



## STUDENT APPLICATION School of Biblical Studies (SBS)

Date of Application: D\_\_\_\_M\_\_\_\_Y\_\_\_\_

**Identity:**

Last name:\_\_\_\_\_ First name:\_\_\_\_\_ Middle:\_\_\_\_\_

Nickname:\_\_\_\_\_

Sex: [ ]Male [ ]Female Age:\_\_\_\_ Birth date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_

Birthplace:\_\_\_\_\_ Height:\_\_\_\_\_ Weight:\_\_\_\_\_

**Mailing address:** (Until: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)

Street/Box:\_\_\_\_\_

City/Town:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Country:\_\_\_\_\_

**Permanent address:**

Street/Box:\_\_\_\_\_

City/Town:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Country:\_\_\_\_\_

Phone:\_\_\_\_\_

Email:\_\_\_\_\_

**Passport/Visa information:**

Country of citizenship:\_\_\_\_\_

U.S. Soc. Sec. #:\_\_\_\_\_

Name as listed on passport:\_\_\_\_\_

City and country where passport was issued:\_\_\_\_\_

Passport number:\_\_\_\_\_ Passport expire date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_

Visa type (non US citizens only):\_\_\_\_\_ Date issued: D\_\_\_\_M\_\_\_\_Y\_\_\_\_

City and country where visa was issued:\_\_\_\_\_

Visa expire date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_

Have you ever been denied a passport or visa? [ ]Yes [ ]No If yes, nation and details:\_\_\_\_\_

\_\_\_\_\_

**Marital status:**

[ ]Single

Engaged (Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)  Married (Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)  
 Separated (Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)  Divorced (Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)  
 Remarried (Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)  Widowed (Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_)  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Sex:  Male  Female Birth date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_ Birthplace: \_\_\_\_\_  
Will your spouse be accompanying you?  Yes  No

**Children:** (List only children coming with you).

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Sex:  Male  Female Birth date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Sex:  Male  Female Birth date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Sex:  Male  Female Birth date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_

**Nanny:** (Must accompany children under 3, separate student application required, no application fee.)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Sex:  Male  Female Birth date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_  
Birthplace: \_\_\_\_\_

**Criminal record:** (If answer to either question is yes, please explain details on separate sheet of paper.)

Have you ever been convicted of a felony?  Yes  No If so, when and where? \_\_\_\_\_  
\_\_\_\_\_  
Have you ever been convicted of a sexual crime?  Yes  No If so, when and where? \_\_\_\_\_  
\_\_\_\_\_

**Emergency information:**

In case of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street/Box: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email(s): \_\_\_\_\_

**In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.**

Applicant's signature: \_\_\_\_\_  
Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_  
Signature of parent or guardian: (Required if applicant is under 18 years of age.)  
Signature: \_\_\_\_\_  
Date: D\_\_\_\_M\_\_\_\_Y\_\_\_\_ Relationship: \_\_\_\_\_

**Church information:**

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_  
Denomination: \_\_\_\_\_  
Street/Box: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**Work experience:** (Please list all work experience for the last 10 years, starting with most recent.)

Position: \_\_\_\_\_ Company: \_\_\_\_\_  
Dates: M \_\_\_\_\_ Y \_\_\_\_\_ to M \_\_\_\_\_ Y \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Skills used: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_  
Dates: M \_\_\_\_\_ Y \_\_\_\_\_ to M \_\_\_\_\_ Y \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Skills used: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_  
Dates: M \_\_\_\_\_ Y \_\_\_\_\_ to M \_\_\_\_\_ Y \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Skills used: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_  
Dates: M \_\_\_\_\_ Y \_\_\_\_\_ to M \_\_\_\_\_ Y \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Skills used: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_  
Dates: M \_\_\_\_\_ Y \_\_\_\_\_ to M \_\_\_\_\_ Y \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Skills used: \_\_\_\_\_

**Skills and talents:**

Occupational skills: \_\_\_\_\_ Years experience: \_\_\_\_\_  
Musical or other talents: \_\_\_\_\_ Years experience: \_\_\_\_\_

**Languages:** (Please identify and rate your English language proficiency below.)

1-Elementary speaking  2-Limited word proficiency  3-Minimum professional proficiency  
 4-Full professional proficiency  5-Native speaking proficiency  6-Mother tongue  
Other languages and proficiency: \_\_\_\_\_

**Educational experience:**

Grades completed:  Grade school  Secondary/High school  Equivalent secondary/high school  
 College/University  Post graduate  
Institution: \_\_\_\_\_ Dates: M \_\_\_\_\_ Y \_\_\_\_\_ to M \_\_\_\_\_ Y \_\_\_\_\_

Degree/Major \_\_\_\_\_ Date: M\_\_\_\_Y\_\_\_\_  
Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M\_\_\_\_Y\_\_\_\_ to M\_\_\_\_Y\_\_\_\_  
Degree/Major \_\_\_\_\_ Date: M\_\_\_\_Y\_\_\_\_  
Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M\_\_\_\_Y\_\_\_\_ to M\_\_\_\_Y\_\_\_\_  
Degree/Major \_\_\_\_\_ Date: M\_\_\_\_Y\_\_\_\_  
Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M\_\_\_\_Y\_\_\_\_ to M\_\_\_\_Y\_\_\_\_  
Degree/Major \_\_\_\_\_ Date: M\_\_\_\_Y\_\_\_\_  
Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M\_\_\_\_Y\_\_\_\_ to M\_\_\_\_Y\_\_\_\_  
Degree/Major \_\_\_\_\_ Date: M\_\_\_\_Y\_\_\_\_  
Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates: M\_\_\_\_Y\_\_\_\_ to M\_\_\_\_Y\_\_\_\_  
Degree/Major \_\_\_\_\_ Date: M\_\_\_\_Y\_\_\_\_  
Address: \_\_\_\_\_

**YWAM History:**

Have you previously attended any YWAM Schools? [ ] Yes [ ] No

School: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial information:**

Do you have your complete school fees? [ ] Yes [ ] No What amount do you have? \$ \_\_\_\_\_

Amount still needed? \$ \_\_\_\_\_

From what source will still-needed funds come? \_\_\_\_\_

Do you have any significant outstanding debts? [ ] Yes [ ] No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Acknowledgment of financial responsibility:**

**I understand that payment of the required school tuition fees must be made in U.S. currency prior to or upon my arrival. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with Youth With A Mission and University of the Nations. If I am accepted by the University of the Nations, I will abide by the spirit, rules and schedule of the school.**

Applicant's signature: \_\_\_\_\_

Date: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Signature of parent or guardian: (Required if applicant is under 18 years of age.)

Signature: \_\_\_\_\_

Date: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ Relationship: \_\_\_\_\_

**Certification:**

**I certify that all the information in this application is complete and accurate.**

Applicant's signature: \_\_\_\_\_

Date: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Signature of parent or guardian: (Required if applicant is under 18 years of age.)

Signature: \_\_\_\_\_

Date: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ Relationship: \_\_\_\_\_

**Please mail all forms to:**

U of N  
c/o Dr. Ouk Vitiea  
931 Pothivong  
Battambang  
CAMBODIA

Phone: 855-12-731-650  
Email: uofnbattambang@yahoo.com  
Website: www.uofnbattambang.com



# UNIVERSITY OF THE NATIONS BATTAMBANG

## PASTOR'S REFERENCE FORM

**APPLICANT: Please fill in your information on this form, sign it and give it, with a stamped envelope, to your employer/teacher/YWAM leader to complete.**

**Applicant's information:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_

School applying for: \_\_\_\_\_

**I, the above named applicant, WAIVE any right I have to read or obtain copies of this recommendation, knowing that this waiver is NOT required as a condition for admission.**

Applicant's signature: \_\_\_\_\_

Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

The above applicant has applied for admission to the University of the Nations (U of N). U of N is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in hundreds of locations on six continents. Its purposes include training and challenging Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." U of N is a training and logistics base from which skilled workers are sent out into all the world.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. Thank you for your assistance. Please check the following, and comment where necessary.

How well do you know the applicant? [ ]Very Well [ ]Well [ ]Casually

Comments: \_\_\_\_\_

**How would you rate the applicant in the following categories?**

- Initiative: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Concern for others: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Social adaptability: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Ability to follow: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Leadership: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Judgment/decision making: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Emotional stability: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Health: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Personal appearance: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior

Comments: \_\_\_\_\_

- Mental ability: [ ]Quick to comprehend [ ]Average [ ]Slow
- Industry: [ ]Hard worker [ ]Average [ ]Lacks persistence

Reliability:	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness:	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility:	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian character:	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition:	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality:	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial responsibility:	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

Comments: \_\_\_\_\_

1. To what extent is the applicant active in church work?

2. Does he/she display high moral standards?  Yes  No    Comments: \_\_\_\_\_

3. Is he/she prejudiced against groups, races or nationalities?  Yes  No    Comments: \_\_\_\_\_

4. With reference to his/her Christian service, the applicant is:  Dedicated     Average     Casual  
 Comments: \_\_\_\_\_

5. In your consideration, which of the following would best describe the applicant's Christian experience?  
 Mature     Contagious     Genuine and growing     Over emotional     Superficial  
 Comments: \_\_\_\_\_

6. Overall, what do you consider to be the applicant's strong points? (include special abilities)

7. Please comment on the applicant's family background, if known:

8. In your opinion, what are the applicant's motives for applying to U of N?

9. What could U of N do to aid in the applicant's personal development?

10. Please add any relevant remarks (i.e. medical, psychological, drug or alcohol related, or other life situations we should know more about): \_\_\_\_\_

11. Would you recommend the applicant for acceptance into the University of the Nations?

Yes     No     Yes with reservations

Comments: \_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_ years, and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_

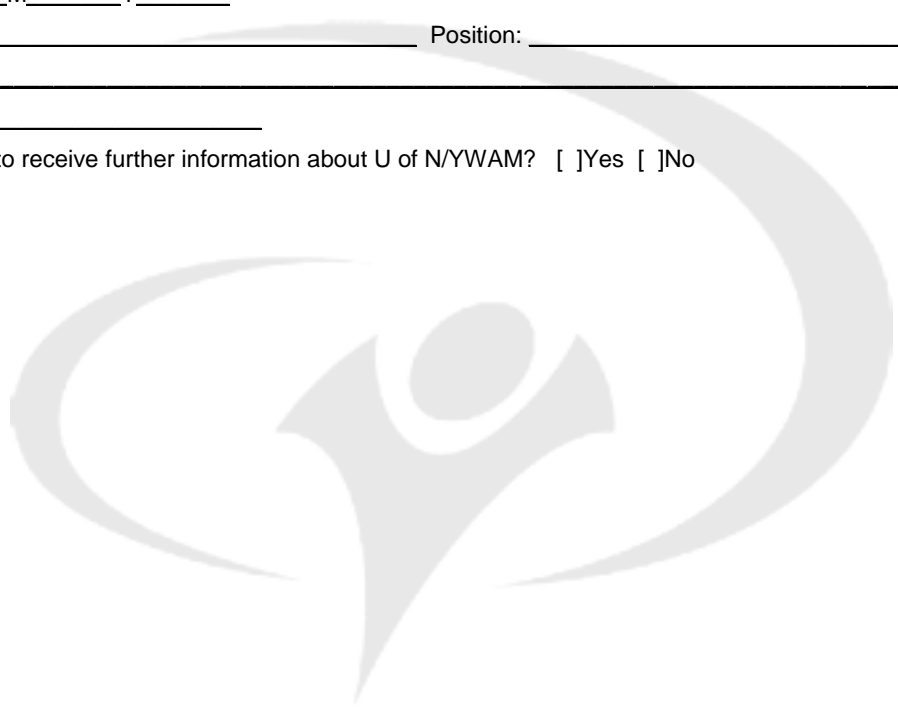
Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Would you like to receive further information about U of N/YWAM? [ ]Yes [ ]No



**Evaluator, please mail this form to:**

U of N  
c/o Dr. Ouk Vitiea  
931 Pothivong  
Battambang  
CAMBODIA

Phone: 855-12-731-650  
Email: [uofnbattambang@yahoo.com](mailto:uofnbattambang@yahoo.com)  
Website: [www.uofnbattambang.com](http://www.uofnbattambang.com)





# UNIVERSITY OF THE NATIONS BATTAMBANG

## EMPLOYER/TEACHER/YWAM LEADER REFERENCE FORM

**APPLICANT:** Please fill in your information on this form, sign it and give it, with a stamped envelope, to your employer/teacher/YWAM leader to complete.

**Applicant's information:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_

School applying for: \_\_\_\_\_

**I, the above named applicant, WAIVE any right I have to read or obtain copies of this recommendation, knowing that this waiver is NOT required as a condition for admission.**

Applicant's signature: \_\_\_\_\_

Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

The above applicant has applied for admission to the University of the Nations (U of N). U of N is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in hundreds of locations on six continents. Its purposes include training and challenging Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." U of N is a training and logistics base from which skilled workers are sent out into all the world.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. Thank you for your assistance. Please check the following, and comment where necessary.

How well do you know the applicant? [ ]Very Well [ ]Well [ ]Casually

Comments: \_\_\_\_\_

**How would you rate the applicant in the following categories?**

- Initiative: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Concern for others: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Social adaptability: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Ability to follow: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Leadership: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Judgment/decision making: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Emotional stability: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Health: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Personal appearance: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior

Comments: \_\_\_\_\_

Mental ability:	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industry:	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability:	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness:	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility:	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian character:	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition:	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality:	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial responsibility:	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

Comments: \_\_\_\_\_

1. To what extent is the applicant active in church work?

2. Does he/she display high moral standards?  Yes  No    Comments: \_\_\_\_\_

3. Is he/she prejudiced against groups, races or nationalities?  Yes  No    Comments: \_\_\_\_\_

4. With reference to his/her Christian service, the applicant is:  Dedicated     Average     Casual

Comments: \_\_\_\_\_

5. In your consideration, which of the following would best describe the applicant's Christian experience?

Mature     Contagious     Genuine and growing     Over emotional     Superficial

Comments: \_\_\_\_\_

6. Overall, what do you consider to be the applicant's strong points? (include special abilities)

7. Please comment on the applicant's family background, if known:

8. In your opinion, what are the applicant's motives for applying to U of N?

9. What could U of N do to aid in the applicant's personal development?

10. Please add any relevant remarks (i.e. medical, psychological, drug or alcohol related, or other life situations we should know more about): \_\_\_\_\_

11. Would you recommend the applicant for acceptance into the University of the Nations?

Yes     No     Yes with reservations

Comments: \_\_\_\_\_

---

I have known \_\_\_\_\_ for \_\_\_\_ years, and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_

Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Would you like to receive further information about U of N/YWAM? [ ]Yes [ ]No

**Evaluator, please mail this form to:**

U of N  
c/o Dr. Ouk Vitiea  
931 Pothivong  
Battambang  
CAMBODIA

Phone: 855-12-731-650  
Email: uofnbattambang@yahoo.com  
Website: www.uofnbattambang.com



# UNIVERSITY OF THE NATIONS BATTAMBANG

## STUDENT HEALTH FORM

**Identity:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical information:**

Name of insurance carrier: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Policy type: \_\_\_\_\_ Policy number: \_\_\_\_\_

Expiration date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

Brief description of coverage: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street/Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health history:** (Answer all questions. Explain positive answers below or on a separate piece of paper.)

Do you now have, or have you ever had, any of the following?

- | Yes                      | No                       |                           | Yes                      | No                       |                                 | Yes                      | No                       |                        |
|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1-Skin condition          | <input type="checkbox"/> | <input type="checkbox"/> | 15-Heart trouble                | <input type="checkbox"/> | <input type="checkbox"/> | 25-Jaundice            |
| <input type="checkbox"/> | <input type="checkbox"/> | 2-Eye trouble             | <input type="checkbox"/> | <input type="checkbox"/> | 16-High blood pressure          | <input type="checkbox"/> | <input type="checkbox"/> | 26-Hepatitis           |
| <input type="checkbox"/> | <input type="checkbox"/> | 3-Ear trouble             | <input type="checkbox"/> | <input type="checkbox"/> | 17-Low blood pressure           | <input type="checkbox"/> | <input type="checkbox"/> | 27-Intestinal troubles |
| <input type="checkbox"/> | <input type="checkbox"/> | 4-Head injury             | <input type="checkbox"/> | <input type="checkbox"/> | 18-Rheumatism/Arthritis         | <input type="checkbox"/> | <input type="checkbox"/> | 28-Recurrent diarrhea  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5-Recurrent headache      | <input type="checkbox"/> | <input type="checkbox"/> | 19-Back problems                | <input type="checkbox"/> | <input type="checkbox"/> | 29-Diabetes            |
| <input type="checkbox"/> | <input type="checkbox"/> | 6-Epilepsy                | <input type="checkbox"/> | <input type="checkbox"/> | 20-Dislocation of joints        | <input type="checkbox"/> | <input type="checkbox"/> | 30-Kidney disease      |
| <input type="checkbox"/> | <input type="checkbox"/> | 7-Fainting spells         | <input type="checkbox"/> | <input type="checkbox"/> | 21-Broken bones                 | <input type="checkbox"/> | <input type="checkbox"/> | 31-Anemia              |
| <input type="checkbox"/> | <input type="checkbox"/> | 8-Mental/Nervous disorder | <input type="checkbox"/> | <input type="checkbox"/> | 22-Stomach/Duodenal ulcer       | <input type="checkbox"/> | <input type="checkbox"/> | 32-Gall bladder        |
|                          |                          | problem                   |                          |                          |                                 |                          |                          |                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 9-Depression              | <input type="checkbox"/> | <input type="checkbox"/> | 23-Sexually transmitted disease | <input type="checkbox"/> | <input type="checkbox"/> | 33-Cancer/Tumors       |
| <input type="checkbox"/> | <input type="checkbox"/> | 10-Paralysis              | <input type="checkbox"/> | <input type="checkbox"/> | 24-Surgery                      | <input type="checkbox"/> | <input type="checkbox"/> | 34-Female conditions   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11-Insomnia               | <input type="checkbox"/> | <input type="checkbox"/> | Appendectomy                    | <input type="checkbox"/> | <input type="checkbox"/> | Irregular periods      |
| <input type="checkbox"/> | <input type="checkbox"/> | 12-Shortness of breath    | <input type="checkbox"/> | <input type="checkbox"/> | Tonsillectomy                   | <input type="checkbox"/> | <input type="checkbox"/> | Severe cramps          |
| <input type="checkbox"/> | <input type="checkbox"/> | 13-Hay fever/Asthma       | <input type="checkbox"/> | <input type="checkbox"/> | Hernia repair                   | <input type="checkbox"/> | <input type="checkbox"/> | Excessive flow         |
| <input type="checkbox"/> | <input type="checkbox"/> | 14-Allergies              | <input type="checkbox"/> | <input type="checkbox"/> | Other                           | <input type="checkbox"/> | <input type="checkbox"/> | Now pregnant           |

Specify: \_\_\_\_\_ Specify: \_\_\_\_\_ Other: \_\_\_\_\_

Other illnesses or conditions: \_\_\_\_\_

Explanations for above: \_\_\_\_\_

Are you presently under a doctor's care?  Yes  No

Specify: \_\_\_\_\_

Are you presently taking any medication? [ ]Yes [ ]No

Specify: \_\_\_\_\_

Are you allergic to any drugs/medications? [ ]Yes [ ]No

Specify: \_\_\_\_\_

Are you now receiving or did you ever receive compensation for disability from any source? [ ]Yes [ ]No

Specify: \_\_\_\_\_

Do you have any physical impairments, handicaps or health conditions which require special attention?

[ ]Yes [ ]No Specify: \_\_\_\_\_

How would you rate your overall health condition? [ ]Excellent [ ]Good [ ]Fair [ ]Poor

**Disease history:**

Have you ever had any of the following COMMUNICABLE DISEASES?

- |     |     |                     |     |     |                 |
|-----|-----|---------------------|-----|-----|-----------------|
| Yes | No  |                     | Yes | No  |                 |
| [ ] | [ ] | 1-Chickenpox        | [ ] | [ ] | 5-Pertussis     |
| [ ] | [ ] | 2-Measles (rubella) | [ ] | [ ] | 6-Scarlet fever |
| [ ] | [ ] | 3-Measles (rubeola) | [ ] | [ ] | 7-Tuberculosis  |
| [ ] | [ ] | 4-Mumps             | [ ] | [ ] | 8-Other         |

**Family history:**

Have any of your immediate family members ever had any of the following?

- |     |     |                  |     |     |                        |
|-----|-----|------------------|-----|-----|------------------------|
| Yes | No  |                  | Yes | No  |                        |
| [ ] | [ ] | 1-Tuberculosis   | [ ] | [ ] | 6-Arthritis            |
| [ ] | [ ] | 2-Diabetes       | [ ] | [ ] | 7-Stomach disease      |
| [ ] | [ ] | 3-Kidney disease | [ ] | [ ] | 8-Asthma/Hay fever     |
| [ ] | [ ] | 4-Heart disease  | [ ] | [ ] | 9-Epilepsy/Convulsions |
| [ ] | [ ] | 5-Hypertension   | [ ] | [ ] | 10-Cancer              |

**Immunizations:**

DISEASE	BASIC (year)			BOOSTER (year)		
	1st dose	2nd dose	3rd dose	1st dose	2nd dose	3rd dose
Diphtheria:	_____	_____	_____	_____	_____	_____
Tetanus:	_____	_____	_____	_____	_____	_____
Pertussis:	_____	_____	_____	_____	_____	_____
Polio:	_____	_____	_____	_____	_____	_____
Rubella:	_____	_____	_____	_____	_____	_____
Mumps:	_____	_____	_____	_____	_____	_____
Hepatitis A:	_____	_____	_____	_____	_____	_____
Hepatitis B:	_____	_____	_____	_____	_____	_____



**Please mail all forms to:**

U of N  
c/o Dr. Ouk Vitiea  
931 Pothivong  
Battambang  
CAMBODIA

Phone: 855-12-731-650  
Email: [uofnbattambang@yahoo.com](mailto:uofnbattambang@yahoo.com)  
Website: [www.uofnbattambang.com](http://www.uofnbattambang.com)



# UNIVERSITY OF THE NATIONS BATTAMBANG

## FRIEND'S REFERENCE FORM

**APPLICANT: Please fill in your information on this form, sign it and give it, with a stamped envelope, to your employer/teacher/YWAM leader to complete.**

**Applicant's information:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_

School applying for: \_\_\_\_\_

**I, the above named applicant, WAIVE any right I have to read or obtain copies of this recommendation, knowing that this waiver is NOT required as a condition for admission.**

Applicant's signature: \_\_\_\_\_

Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

The above applicant has applied for admission to the University of the Nations (U of N). U of N is a mission-oriented university under the auspices of Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in hundreds of locations on six continents. Its purposes include training and challenging Christians to fulfill Christ's command: "Go, therefore, and make disciples of all nations." U of N is a training and logistics base from which skilled workers are sent out into all the world.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. Thank you for your assistance. Please check the following, and comment where necessary.

How well do you know the applicant? [ ]Very Well [ ]Well [ ]Casually

Comments: \_\_\_\_\_

**How would you rate the applicant in the following categories?**

- Initiative: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Concern for others: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Social adaptability: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Ability to follow: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Leadership: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Judgment/decision making: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Emotional stability: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Health: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior
- Personal appearance: [ ]Superior [ ]Above Average [ ]Average [ ]Below Average [ ]Inferior

Comments: \_\_\_\_\_

- Mental ability: [ ]Quick to comprehend [ ]Average [ ]Slow
- Industry: [ ]Hard worker [ ]Average [ ]Lacks persistence

Reliability:	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness:	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility:	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian character:	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition:	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality:	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial responsibility:	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

Comments: \_\_\_\_\_

1. To what extent is the applicant active in church work?

2. Does he/she display high moral standards?  Yes  No    Comments: \_\_\_\_\_

3. Is he/she prejudiced against groups, races or nationalities?  Yes  No    Comments: \_\_\_\_\_

4. With reference to his/her Christian service, the applicant is:  Dedicated     Average     Casual  
 Comments: \_\_\_\_\_

5. In your consideration, which of the following would best describe the applicant's Christian experience?  
 Mature     Contagious     Genuine and growing     Over emotional     Superficial  
 Comments: \_\_\_\_\_

6. Overall, what do you consider to be the applicant's strong points? (include special abilities)

7. Please comment on the applicant's family background, if known:

8. In your opinion, what are the applicant's motives for applying to U of N?

9. What could U of N do to aid in the applicant's personal development?

10. Please add any relevant remarks (i.e. medical, psychological, drug or alcohol related, or other life situations we should know more about): \_\_\_\_\_

11. Would you recommend the applicant for acceptance into the University of the Nations?  
 Yes     No     Yes with reservations  
 Comments: \_\_\_\_\_



I have known \_\_\_\_\_ for \_\_\_\_ years, and believe that he/she possesses the qualities indicated above.

Signed: \_\_\_\_\_

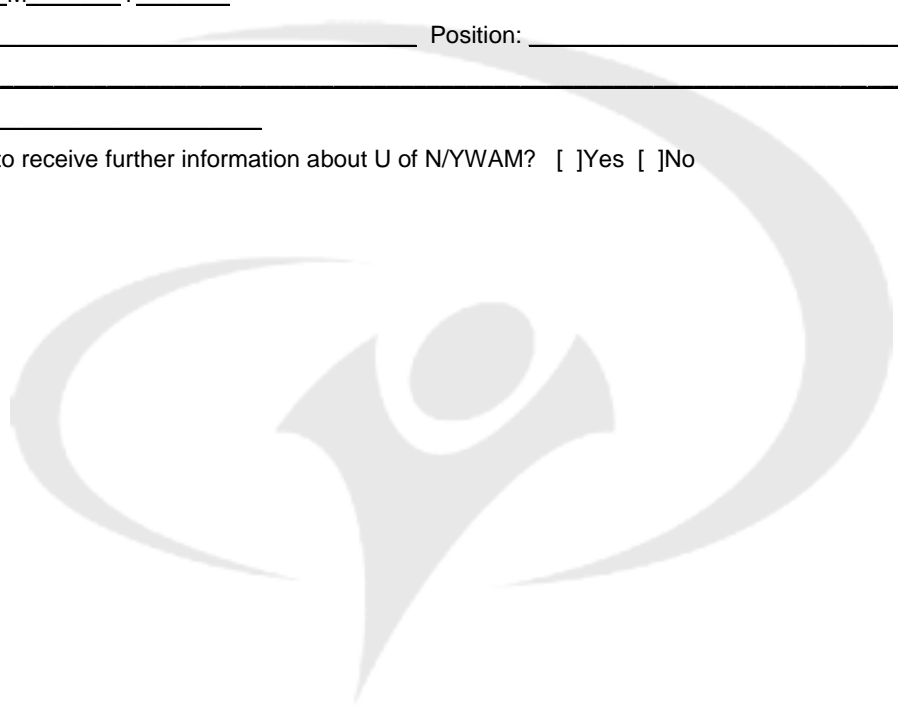
Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Would you like to receive further information about U of N/YWAM? [ ]Yes [ ]No



**Evaluator, please mail this form to:**

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Battambang  
CAMBODIA

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Website: [www.uofnbattambang.com](http://www.uofnbattambang.com)



# UNIVERSITY OF THE NATIONS BATTAMBANG

## School of Biblical Studies Application Questions

*Please answer these questions on another piece of paper*

1. Describe what you have been doing since your DTS (education, job, missions experience, etc.)
2. How has the Lord worked in your life during, and since, your DTS?
3. Describe your expectations of this SBS. State your reasons for applying. What is your ultimate purpose upon completion? Where do you see yourself in the future?
4. Having considered the daily time commitment, are you willing to invest the necessary time and study to complete this intensive course?
5. If you were not accepted as part of this school, what would you do? (your next steps or alternatives)
6. Describe your present relationship with you local church, leaders and your involvement there. Do they support you in your application to the SBS?
7. Would your church help support you in prayer and finances for future involvement in mission work?
8. Do you have any difficult situation to deal with in regard to attending SBS? What can we help you with?
9. Do you have any outstanding debts or restitution to pay before attendance? Please state your present financial situation in regard to paying SBS fees and other costs that may be incurred.
10. Will you be completing all three quarters at this time?
11. Are your parents in approval of you doing an SBS?
12. Have you received any previous theological/Bible training? If so, which school or seminary?

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