



APPLICATION FOR ADMISSION

Online NLP Certification Course

I am applying for the Online NLP Practitioner Certification Course. I plan to start: _____

NLP Courses: Summer I (May 20-June 16, 2010), Fall I (Aug 12 – Sep 8, 2010), Winter I (Nov 4 – Dec 1, 2010), Spring I (Feb 24 – Mar 23, 2011), Spring II (Apr 7 – May 4, 2011), Summer I (May 19 – Jun 15, 2011), Fall I (Aug 11 – Sep 7, 2011), Fall II (Sep 22 – Oct 19, 2011), Winter I (Nov 3 – 30, 2011)

PERSONAL INFORMATION: Please Print				
Legal Name – Last	First	Middle	Maiden	
Permanent Address (no P. O. Boxes)		Mailing Address (if different than Permanent Address)		
City	State	Zip Code	Country	Social Security Number
Home Phone Number (include area code) () ()		Business Phone Number (include area code) () ()		Fax Number (include area code) () ()
Email Address		Date of Birth _/_/____ (mm/dd/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship (Select one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-U.S. Citizen, Resident <input type="checkbox"/> Non-U.S. Citizen, Non-Resident				
If not a U.S. Citizen, please indicate your country of primary citizenship _____				

<p>Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, you should include with your application a certified statement of results from an accepted English language test that has been taken within two years of the commencement of the proposed course. The minimum requirements must satisfy one of the following conditions:</p> <p>PBT - Paper-based TOEFL score of 577 with a TWE 4.5 or higher IBT - Internet-based TOEFL of 90 with a writing score of 21 or higher CBT - Computer-based TOEFL of 233 with a writing score of 21 or higher IELTS (International English Language Testing System) score of 6.5 in the academic module (with a score of 6.0 in writing) Contact www.ETS.org or www.IELTS.org for test information.</p> <p>The University may also consider transcripts documenting that you have earned a Bachelor’s Degree or higher from an accredited institution where you were taught and examined in English.</p>
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EMPLOYMENT EXPERIENCE: Please start with your current position. Attach additional sheet if necessary.				
Employer	Address	Telephone (include area code) (country code) number	Position	Dates of Employment Start - End
		()		
		()		
		()		

OTHER TRAINING/EXPERIENCE: Please list any other training/experience, which you would like us to know about.			
Type/Title	Amount of Course Hours	Certificates Earned	Date(s)



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CONFIDENTIAL INFORMATION

The following voluntary information is requested to meet federal and state reporting requirements (*Title VI of the Civil Rights Act of 1964*) and to help the university continue to understand and service its constituents. It will not be used as a basis for admissions or in a discriminatory manner. You will not be subject to adverse treatment if you do not provide the requested information.

Race/Ethnic Group (*select one or more*)

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black (<i>Non-Hispanic</i>) | <input type="checkbox"/> White (<i>Non-Hispanic</i>) |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multi-Racial |



ACCREDITATION:

In 2009, Kona University achieved national accreditation with the Distance Education and Training Council (DETC). The Accrediting Commission of the Distance Education Training Council (DETC) is recognized by both the U.S. Department of Education and the Council for Higher Education Accreditation (CHEA).

ACCEPTANCE

I agree that the information provided in this application is accurate and correct. By signing or typing (if submitting electronically) my name into this document, I will abide by all of the University policies and procedures enacted as of the date of this signature.

Student _____ Date _____
(mm/dd/yyyy)

Office Use Only:

Administration: _____ Date: _____