January 2009

**Instructions for Filling Out Form B Computer Fill-in**

**This is not the Online Form.**

 **This Form B is for those who are not currently using the Online system and would like to fill out and send as an attachment instead of mailing Form. You can also print the Form and mail if you like along with the fees. If you send as an attachment please print the page Student Course Charges** **and mail along with payment.**

Use the “TAB Key” to navigate or move the Sensor over the first part of the line to be filled in, a blue box will appear. It will not allow fill in if not on the right location on line.

When completed “SAVE AS” School Name and Start Date.

Example: DTS 10Jan2010

There is place 24 Student on this Form, if you need to add more students than this Form allows open “Form B Additional Students” which will allow another 24 students – continue to save as described above. Continue to do this until the Students are all on Form B.

After completed email them to your International registrar as an attachment.

University of the Nations

Form B

Page 1

(10/09)

**Student Registration Form**

**(Due during the first week of class. To be filled in by school leader)**

INSTRUCTIONS - PLEASE READ CAREFULLY BEFORE COMPLETING FORM

1. This Form B should be used every time a course takes place in order to provide a record of the students who have ac­tually arrived to take the course. Only one Form B is required for a series of sequential courses, such as lecture and field assignment/application phase, unless a new student(s) has been added to a sequential course, then the Form B is required for the new student(s).

2. This Form B should be sent with the student registration charges to the appropriate U of N Regional Records Office for your region:

* For Latin America and other Latin nations: University of the Nations, International Registrar for Latin Records, P.O. Box 1005, Grayson, GA 30017, U.S.A. Email: registrar.latin@uofn.edu
* For North America and English-speaking Central America/Caribbean: University of the Nations, International Registrar for NACAC, P.O. Box 1005, Grayson, GA 30017, U.S.A. Email: registrar.nacac@uofn.edu
* For Europe, Middle East & Africa: University of the Nations, International Registrar for EMA, Highfield Oval, Harpenden, Herts AL5 4BX, United Kingdom Email: registrar.ema@uofn.edu
* For Asia-Pacific: University of the Nations, International Registrar for Asia-Pacific, Box 195, 75-5851 Kuakini Hwy, Kailua-Kona, HI 96740, U.S.A. Email: registrar.ap@uofn.edu
* For India: Registrar, c/o UofN Pune, GPO Box 127 Pune-411001, M.S. India Email: records@uofnpune.net

Please keep a copy of this Form B at your location. Send original to your Regional Records Office.

**SCHOOL LEADERS, PLEASE PRINT/BLOCK OR TYPE ANSWERS TO ALL ITEMS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Name: |       | Course Number: |        |
| Location: |       |   |       |  |       |
|  |  City |  Country |  |  Base Name |
| Lecture (First) Phase Start Date: |  |       |  |
|  |  |  Day/Spell Month/Year |  |
| School Leader: |  |       |  | Signature: |  |       |

**STUDENT INFORMATION (To be filled out ONLY by school leader or school secretary/registrar)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
|       |  |       |  |       |  |       |
|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |

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| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |

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University of the Nations

Form B

 Page 2

 (10/09)

Student Registration Form (continued)

**(Due during the first week of class. To be filled in by school leader)**

|  |
| --- |
| SCHOOL LEADERS, PLEASE PRINT/BLOCK OR TYPE ANSWERS TO ALL ITEMS: |
| Course Name: |       | Course Number: |        |
| Location: |       |   |       |  |       |
|  |  City |  Country |  |  Base Name |
| Lecture (First) Phase Start Date: |  |       |  |
|  |  |  Day/Spell Month/Year |  |

**STUDENT INFORMATION (continued) Please copy this page if additional space for student information is needed**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
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|       |  |       |  |       |  |       |
|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
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Form B

 Page 2

 (10/09)

Student Registration Form (continued)

**(Due during the first week of class. To be filled in by school leader)**

|  |
| --- |
| SCHOOL LEADERS, PLEASE PRINT/BLOCK OR TYPE ANSWERS TO ALL ITEMS: |
| Course Name: |       | Course Number: |        |
| Location: |       |   |       |  |       |
|  |  City |  Country |  |  Base Name |
| Lecture (First) Phase Start Date: |  |       |  |
|  |  |  Day/Spell Month/Year |  |

**STUDENT INFORMATION (continued) Please copy this page if additional space for student information is needed**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
|       |  |       |  |       |  |       |
|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
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|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
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|  |  Day/Spell Month/Year |  |  |
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Form B

 Page 2

 (10/09)

Student Registration Form (continued)

**(Due during the first week of class. To be filled in by school leader)**

|  |
| --- |
| SCHOOL LEADERS, PLEASE PRINT/BLOCK OR TYPE ANSWERS TO ALL ITEMS: |
| Course Name: |       | Course Number: |        |
| Location: |       |   |       |  |       |
|  |  City |  Country |  |  Base Name |
| Lecture (First) Phase Start Date: |  |       |  |
|  |  |  Day/Spell Month/Year |  |

**STUDENT INFORMATION (continued) Please copy this page if additional space for student information is needed**

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| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |

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Student Registration Form (continued)

Form B

 Page 2

 (10/09)

**(Due during the first week of class. To be filled in by school leader)**

|  |
| --- |
| SCHOOL LEADERS, PLEASE PRINT/BLOCK OR TYPE ANSWERS TO ALL ITEMS: |
| Course Name: |       | Course Number: |        |
| Location: |       |   |       |  |       |
|  |  City |  Country |  |  Base Name |
| Lecture (First) Phase Start Date: |  |       |  |
|  |  |  Day/Spell Month/Year |  |

**STUDENT INFORMATION (continued) Please copy this page if additional space for student information is needed**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
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| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
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| Permanent Personal Address: |       |  |       |
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|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |

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University of the Nations

Form B

 Page 2

 (10/09)

Student Registration Form (continued)

**(Due during the first week of class. To be filled in by school leader)**

|  |
| --- |
| SCHOOL LEADERS, PLEASE PRINT/BLOCK OR TYPE ANSWERS TO ALL ITEMS: |
| Course Name: |       | Course Number: |        |
| Location: |       |   |       |  |       |
|  |  City |  Country |  |  Base Name |
| Lecture (First) Phase Start Date: |  |       |  |
|  |  |  Day/Spell Month/Year |  |

**STUDENT INFORMATION (continued) Please copy this page if additional space for student information is needed**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
|       |  |       |  |       |  |       |
|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
|       |  |       |  |       |  |       |
|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
|       |  |       |  |       |  |       |
|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
|       |  |       |  |       |  |       |
|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |

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University of the Nations

Form B

 Page 2

 (10/09)

Student Registration Form (continued)

**(Due during the first week of class. To be filled in by school leader)**

|  |
| --- |
| SCHOOL LEADERS, PLEASE PRINT/BLOCK OR TYPE ANSWERS TO ALL ITEMS: |
| Course Name: |       | Course Number: |        |
| Location: |       |   |       |  |       |
|  |  City |  Country |  |  Base Name |
| Lecture (First) Phase Start Date: |  |       |  |
|  |  |  Day/Spell Month/Year |  |

**STUDENT INFORMATION (continued) Please copy this page if additional space for student information is needed**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
|       |  |       |  |       |  |       |
|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
|       |  |       |  |       |  |       |
|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
|       |  |       |  |       |  |       |
|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |
| Legal Name: |       |  |       |  |  |       |  |       |  |        |
|  |  Last/Family Suffix First/Given Middle Any Other Names |
| [ ] DTS Lecture | [ ] Outreach completed at: |       |  | Year: |      | Maiden Name:  |       |
|  |  |  Base Location Country |  |  |
| [ ] Male [ ] Female | Date of Birth |       |  Country of Citizenship: |       |
|  |  Day/Spell Month/Year |  |  |
| Permanent Personal Address: |       |  |       |
|  |  Street |  |  City |
|       |  |       |  |       |  |       |
|  State/Province |  Zip/Postal Code |  Country |  Home Telephone Number |

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| --- |
| University of the NationsForm BPage 3(10/09)Student Course Charges |
| Location |       |  |       |  |       |
|  City Country Base Name |
| Course Name |       |  | Course Number |       |
| Start Date |       |  | School Leader |       |
|  Day/Spell Month/Year |  |  |
|  |  |  |
| **(Please see Page 4 for more information.)** |  |  |
| In order to calculate the lower payment amount, please select the method from among the following choices which is appropriate to your situation. |
|  |  |  |  |  |
| **1. Lecture Phase only.** (No charge for field assignments/internships as of Jan. 01/02 ILT) |
| NOTE: ( US$ 30 per student as of 1 Jan. 2010 ) |
| Either US $30 per student = 30x |      |  = |       |  Or 1% of one student’s charges\* (calculate on next line): |
|  |  Number of Students U.S. Dollars |
|       |  x |       |  = |       |  = |       |  |
| 1% of one student’s charge in your currency |  |  Number of student’s Your currency |  U.S. Dollars |
| Please note: No Fees for Field Assignment. |
| **2. Seminars:**  |
|  |  |  |  |  |  |
| Either $5 per student per week = 5 x |       |  x |       |  x |       |  |
|  Number of Students Number of Weeks U.S. Dollars |
| Or 1% of one student’s seminar charges\* (calculate on next line): |
|       |  x |       |  x |       |  x |       |  |
| 1% of one student’s charge in your currency |  |  Number of student’s Your currency |  U.S. Dollars |  |
| \*EXAMPLE: School charge = $800; 1% of $800 charge = $8.00 per student |
|  |  |  |  |  |
| Total charges included with this form: |       |  Sent by: |  [ ]  Bank Transfer [ ] Check [ ] Cash |
|  |  |  |  |  |
| If a check is not from YWAM (for example, a personal check), please mark below what applies:  |
| [ ] Personal Check [ ] Postal Money Order [ ] Bank Money Order **Make it out to: 'University of the Nations'**  |
| If a personal check, name on check: |       |
| Check Number: |       |  | Check Date: |       |  |
|  |  |  |  Day/Spell Month/Year |  |
|  |

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| More Information on U of NForm BPage 4(10/09Student Course Charges(continued) |
| Please note: In 1995, the Board of Regents decided that the local base leadership together with the school leadership decides if they want to register their course(s) with the University of the Nations. They then register the course by filling out the Form A and sending in the appropriate course registration fee. If they have decided to register the course with the U of N, then all students who are a part of the U of N registered school will be charged a student registration fee, and the record of their attendance and grades will be maintained by the Interna­tional Records System. This student registration fee should accompany Form B. |
| 1. For the purpose of calculating the Student Course Charges, the "amount charged to one student" includes tuition, room and board only.2. The Student Charges for the Lecture Phase are paid with the Form B, using Page 3 to figure the total amount. There are no charges for field assignment or internships. When payment is received with the Form B Student Registration, officially signed U of N Course Completion Certificates will be issued for the course, and sent to the school leader at the school location to be filled in by school leader.3. Seminars: (1-6 credit seminars). Seminars pay the standard charges as outlined on previous page.4. Please send your Student Course Charges to your International Registrar.5. When your payment has been received you will receive a receipt from the Regional Records Office.  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|   **HAVE YOU:** [ ] Completely filled in all blanks? [ ] Put students’ complete names? [ ] Clearly stated course date? |
|  |  |  |  |  |
|  |  |  |  |  |

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