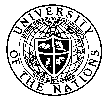
Mf기 go



**UNIVERSITY OF THE NATIONS**

**TAICHUNG, TAIWAN**

*Guide to completing Student Application*

*Fine Arts Foundations*

Thank you for the applying to the YWAM Taichung Fine Art School. The Discipleship Training School / Crossroads Discipleship Training School is the prerequisite entry course to all other courses. You are encouraged to apply early. In general, at least two months prior to the start of school for Taiwanese students and three months prior to the start of school for non-Taiwanese citizens. (In order to process your visa and to send you invitation letter, please send all forms as soon as possible.)

IN ORDER FOR US TO PROCESS YOUR APPLICATION MOST EFFICIENTLY, WE MUST HAVE ALL OF THE FOLLOWING FORMS WITH THE APPLICATION FEE (EXCEPT REFERENCE FORMS) SENT TO US AT ONE TIME. If a question on the form does not apply to you, write N/A in the blank.

|  |
| --- |
| 1. Application form -Must be filled out completely (including children and nanny if needed). |
| 2. Application fee - must be in U.S. dollars ($30 single, $50 couple) and be sent with application. |
| 3. Health form - Please complete this form and submit it along with one for each of your family members.  Tuberculosis (TB) clearance. All students and children must be tested for TB and submit evidence of a negative skin test or clear chest X-ray. |
| 4. Reference forms - You must have 2 people each fill out a separate reference form. They are (1) Pastor and (2) YWAM leader. We suggest when you give these reference forms to the people designated above, that you could remind them to email the completed forms directly to us ywamtaichung@gmail.com. Often your acceptance is held up because we do not receive the reference forms in a timely manner. |
| 5. School related questions - Write on a separate sheet of paper with answers to the following questions. |
| (1) How has God been leading you to do this school?  (2) What is your understanding about art and missions? |
| (3) What do you hope will take place in your life because of this school? |
| (4) What educational training or work experience do you have in art? |
| (5) Do you have any specific leanings or directions in missions? (For example: do you like to work with children, adults, evangelism, training, prophetic, art therapy, studio artist, etc.) |

6. Fine Arts Foundations assignments - Please complete the 6 exercises described to supplemental information sheet for fine art exercises.

ㅁ

**Please email all forms to:**

**ywamtaichung@gmail.com**

Additional information or forms

https://www.ywamtaichung.net





**UNIVERSITY OF THE NATIONS**

**TAICHUNG, TAIWAN**

*STUDENT APPLICATION FORM*

Attach

A Recent

Photograph

(3cm\*4cm)

**Personal Information**

Date of Application Application Fee Enclosed(U.S. currency) $

School Applying For Starting Date(1st) 2nd Choice

**DTS or CDTS with Field Assignment is a prerequisite for all other U of N courses.**

Current Mailing Address Until

Permanent Address Until

Age Birth date Birth place

Sex:□ M □ F Email Address Fax Number

**Marital Status:** □ Single □ Engaged(Date ) □ Married(Date ) □ Separated(Date )

**Marital Status:** □ Divorced(Date ) □ Remarried(Date ) □ Widowed(Date )

Spouse’s Name

Age Birth date Birth place

Will your spouse be accompanying you? □ Yes □ No

**Dependents** Names of children accompanying you:

Last/Family Name First Middle Name Birth Date(D/M/Y) Sex(M/F) School Grade

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Nanny – must accompany children under age 3 and fill out a separate application

Age Birth date Birth place

**Health Information**

Height Weight Blood Type

Are you allergic to any drugs? □ No □ Yes(specify)

Day/Mo/Yr

Legal Last/Family Name First Preferred Name Middle Name

Mo/Yr

Mo/Yr

Street/PO Box

Mo/Yr

City State/province Zip/Postal Code Country Phone

Mo/Yr

Street/PO Box

City State/province Zip/Postal Code Country Phone

Day/Mo/Yr

City State/Province Country

Legal Last/Family Name First Preferred Name Middle Name

Day/Mo/Yr City State/Province Country

Legal Last/Family Name First Preferred Name Middle Name

Day/Mo/Yr City State/Province Country

O,A,B,AB(+or-)



**UNIVERSITY OF THE NATIONS, TAICHUNG**

**STUDENT APPLICATION FORM**



**Consent for Treatment**

**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

Parent or guardians Signature (required if applicant is under 18 years of age)

Relationship

Day/Mo/Yr

Day/Mo/Yr

In case of emergency, contact Relationship

Address

Phone

Street/PO Box City State/Province Zip/Postal Code Country

**Home Church Information**

Home Church Pastor's Name Denomination

Home Church Pastor's Name Denomination

Address

Length of Attendance Phone

Street/PO Box City State/Province Zip/Postal Code Country

**Languages**

Please identify and indicate your language proficiency on the line below

1 – Elementary Speaking 2 – Limited Word Proficiency 3 – Minimum Proficiency

4 – Full Professional Proficiency 5 – Native Speaking Proficiency 6 – Mother Tongue

English Proficiency Other languages and Proficiency

**Occupational/ Job Experience**

List all previous work experience for the past 10 years. Start with the most recent position.

Occupation Organization Dates/Location Supervisor Skills Used

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Current Work Phone Fax Email



**UNIVERSITY OF THE NATIONS, TAICHUNG**

**STUDENT APPLICATION FORM**



**Skills**

Occupational Skills Years Experience

Music Ability of Other Talents Years Experience

**Educational Experience**

I completed □ High School/Secondary School □ Equivalent of High School/Secondary School

Name of Institutions Address Dates Attended Degree/Major/Degree Date

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If you intend to pursue a U of N Degree, transcript(s) of your record(s) at each High/Secondary or College/University/

Seminary you have attended must be submitted to the U of N Registrar by the institution. Also, please have all former

YWAM school leaders or staff send verification of your satisfactory school completion, including lecture and field

assignment dates, location(s) and grade(s)

**YWAM / U of N Background Information**

Have you previously attended a YWAM or U of N school? □ No □ Yes If yes:

School(s) Dates Attended (mo/yr to mo/yr) Location (city/country)

|  |  |  |  |
| --- | --- | --- | --- |
| 1.Lecture Phase |  |  |  |
|  | Field Assignment Phase |  |  |
| 2.Lecture Phase |  |  |  |
|  | Field Assignment Phase |  |  |
|  |  |  |  |
| 3.Lecture Phase | Field Assignment Phase |  |  |

Please arrange for your most recent school leader to send a Reference Form to the U of N Admissions and Records Office.

**Passport/ Visa Information**

Country of Citizenship

Name as listed on passport

City and Country where Passport was Issued Passport Number

Passport Expiry Date Visa Type Date Visa Issued

City and Country where Visa was issued Visa Expiry Date

Have you ever been refused a Visa? □ No □ Yes (Give nation and details)



**UNIVERSITY OF THE NATIONS, TAICHUNG**

**STUDENT APPLICATION FORM**



**Financial Information**

Do you have your complete school fees? □ Yes □ No

If no, from what source will they come?

Do you have any outstanding debts? □ Yes □ No(explain)

**Acknowledgement 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, unless otherwise approved in writing by the School Leader before my departure for Jeju. 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

***“Lord, who may dwell in your sanctuary? Who may live on your holy hill? He… who keeps his oath even when it hurts… ” (Psalm 15:1, 4b)***

**Release of Liability**

**I / We do hereby release University of the Nations, and Youth With A Mission, Inc., its staff, agents, and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss which may be sustained by said person(s) during the course of involvement with University of the Nations.**

Applicant’s Signature

**Signature of parent or guardian required if applicant is under 18 years of age:**

Signature Relationship

**Expectations**

How did you first hear of the University of the Nations?

What reasons most influenced your decision to apply?

What expectations for you have for this course?

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

Signature

Day/Mo/Yr

Day/Mo/Yr

Day/Mo/Yr

Day/Mo/Yr

Day/Mo/Yr

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educational policies, admissions policies, scholarship and loan programs, and

athletic and other school-administered programs.

**Please mail all forms to:**

**ywamtaichung@gmail.com**





**HEALTH FORM**

**TO THE APPLICANT** : **this information is treated confidentially and separate from your academic records.**

**When you complete the first part of this form, please answer all questions in ink or by typing IN ENGLISH.**

School applying for Mo/Yr

NAME:

Permanent Address

Phone(home)

Permanent Address

Phone(local)

Name, Relationship and Address of Next of Kin

Phone

Person to contact in case of emergency

Address Phone

Legal Last/Family Name First Preferred Name Middle Name

Street/PO Box City

State/province Zip/Postal Code Country

Street/PO Box City

State/province Zip/Postal Code Country

**Personal History**

**Please answer all questions. Comment on all positive answers in the space below or on a separate sheet.**

**Have you ever had, or do you have, any of the following?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Yes | No |  | Yes | No |  | Yes | No |  |
|  |  | Skin conditions |  |  | Heart trouble Jaundice |  |  | Jaundice |
|  |  | Eye trouble |  |  | High blood pressure |  |  | Hepatitis |
|  |  | Ear trouble |  |  | Low blood pressure |  |  | Intestinal troubles |
|  |  | Head injury |  |  | Rheumatism/Arthritis |  |  | Recurrent diarrhea |
|  |  | Recurrent headache |  |  | Back problems |  |  | Diabetes |
|  |  | Epilepsy |  |  | Dislocation of joints |  |  | Kidney disease |
|  |  | Fainting spells |  |  | Broken bones |  |  | Anemia |
|  |  | Mental or nervous disorders |  |  | Stomach/Duodenal Ulcer |  |  | Venereal Disease |
|  |  | Weakness |  |  | Gall bladder problems |  |  | Tumor: Cancer |
|  |  | Paralysis |  |  | Surgery |  |  | **Females Only** |
|  |  | Insomnia |  |  | Appendectomy |  |  | Irregular periods |
|  |  | Shortness of breath |  |  | Tonsillectomy |  |  | Severe cramps |
|  |  | Hay Fever, Asthma |  |  | Hernia repair |  |  | Excessive flow |
|  |  | Allergies (specify) |  |  | Other (specify) |  |  | Are you pregnant? |

Other illness or conditions

Are you at present under the doctor’s care for any condition? □ No □ Yes (Specify)

Are you taking any medication at this time? □ No □ Yes (Specify)

Are you allergic to any drugs? □ No □ Yes (Specify)

Do you now or have you ever received any compensation for disability from any source? □ No □ Yes (Specify)

Do you have any physical impairments, handicaps, or health conditions which require special attention? □ No □ Yes

If yes, please describe

(Your response to this question will not affect admission consideration)





**HEALTH FORM**

Continued

Are you underweight? □ No □ Yes Overweight? □ No □ Yes If so, by how much? Blood Type

Would you rate your health condition as: □ Excellent □ Good □ Fair □ Poor

Have you ever had any of the following COMMUNICABLE DISEASE?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | No |  | Yes | No |  |
|  |  | Chicken Pox |  |  | Pertussis |
|  |  | Measles (Rubella) |  |  | Scarlet Fever |
|  |  | Measles (Rubeola) |  |  | Tuberculosis |
|  |  | Mumps |  |  | Other (Specify) |

**FAMILY HISTORY**

Have any of your relatives ever had any of the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | No |  | Yes | No |  |
|  |  | Tuberculosis |  |  | Arthritis |
|  |  | Diabetes |  |  | Stomach Disease |
|  |  | Kidney Disease |  |  | Asthma, Hay Fever |
|  |  | Heart Disease |  |  | Epilepsy, Convulsions |
|  |  | Hypertension |  |  | Cancer |

**IMMUNIZATIONS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Basic** |  |  | **Booster** |  |
|  | Year | Year | Year | Year | Year | Year |
| Diphtheria |  |  |  |  |  |  |
| Tetanus |  |  |  |  |  |  |
| Pertussis |  |  |  |  |  |  |
| Polio |  |  |  |  |  |  |
| Rubella |  |  |  |  |  |  |
| Rubeola |  |  |  |  |  |  |
| Mumps |  |  |  |  |  |  |

**The portion of the form below this line must be filled out and signed by a physician.**

**Tuberculosis Control (absolutely required for entrance by U of N)**

|  |  |  |  |
| --- | --- | --- | --- |
| One of the following: | Date | Result | Examination Facility |
| Chest X-Ray |  |  |  |
| Skin Test |  |  |  |
| BCG Vaccination |  |  |  |

Physician's Signature

Physician's Name (please print)

Address:

Phone

O. A. A B (+ or -)

Day/Mo/Yr

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educational policies, admissions policies, scholarship and loan programs, and

athletic and other school-administered programs.

**Please email all forms to:**

**ywamtaichung@gmail.com**





**PASTOR REFERENCE FORM**

**APPLICANT: Fill in your name, school, with signature and give to/send to PASTOR with a stamped envelope:**

**No. 6, Alley 75, Lane 766, Jianxing Road, North District, Taichung Taiwan R.O.C**

Your Name:

School applying for Mo/Yr

**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

Legal Last/Family Name First Preferred Name Middle Name

Day/Mo/Yr

The above applicant for admissions to 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 over 300 locations on all six continents. Its purposes include training, challenging

and channeling 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 important. Thank you for your assistance. Please check the

following, and comment where necessary:

How well do you know the applicant? □ Very Well □ Well □ Casually

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Superior | Above Average | Average | Below Average | Inferior |
| Initiative |  |  |  |  |  |
| Concern for others |  |  |  |  |  |
| Social Adaptability |  |  |  |  |  |
| Ability to follow |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Judgment/ Decision-making |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |
| Health |  |  |  |  |  |
| Personal appearance |  |  |  |  |  |

Comments:

|  |  |  |  |
| --- | --- | --- | --- |
| Mental ability | □ Quick to comprehend | □ Average | □ Slow |
| Industry | □ Hard worker | □ Average | □ Lacks persistence |
| Reliability | □ Meets obligations | □ Average | □ Neglects obligations |
| Cooperativeness | □ Works well with others | □ Average | □ Avoids group activity |
| Flexibility | □ Open to change | □ Average | □ Unyielding |
| Christian character | □ Well balanced | □ Average | □ Unstable |
| Disposition | □ Cheerful | □ Average | □ Passive |
| Punctuality | □ Punctual | □ Average | □ Often late |
| Financial responsibility | □ Honors obligations | □ Average | □ Neglectful |

Comments:

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





**PASTOR REFERENCE FORM**

Continued

2. Does he/she display high moral standards? □ Yes □ No (please explain)

3. Is he/she prejudiced against groups, races or nationalities? □ Yes (please explain)

4. With reference to his/her Christian service, so you consider the applicant to be: □ Dedicated □ Average □ Casual

Please explain:

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 other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of their life we

should know more about, to be of service to them.)

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

□ Yes □ With some reservation (please explain) □ No (please explain)

12. Is your congregation/group standing behind the applicant with enthusiasm and prayer?

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

Signed

Name: Position:

Address:

Phone

Day/Mo/Yr

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athletic and other school-administered programs.

**Please email all forms to:**

**ywamtaichung@gmail.com**





**YWAM LEADER REFERENCE FORM**

**APPLICANT: Fill in your name, school, with signature and give to/send to EMPLOYER, TEACHER or YWAM**

**LEADER with a stamped envelope:**

**No. 6, Alley 75, Lane 766, Jianxing Road, North District, Taichung Taiwan R.O.C**

Your Name:

School applying for Mo/Yr

**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

Legal Last/Family Name First Preferred Name Middle Name

Day/Mo/Yr

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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 important. Thank you for your assistance. Please check the

following, and comment where necessary:

How well do you know the applicant? □ Very Well □ Well □ Casually

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Superior | Above Average | Average | Below Average | Inferior |
| Initiative |  |  |  |  |  |
| Concern for others |  |  |  |  |  |
| Social Adaptability |  |  |  |  |  |
| Ability to follow |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Judgment/ Decision-making |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |
| Health |  |  |  |  |  |
| Personal appearance |  |  |  |  |  |

Comments:

|  |  |  |  |
| --- | --- | --- | --- |
| Mental ability | □ Quick to comprehend | □ Average | □ Slow |
| Industry | □ Hard worker | □ Average | □ Lacks persistence |
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| Cooperativeness | □ Works well with others | □ Average | □ Avoids group activity |
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| Christian character | □ Well balanced | □ Average | □ Unstable |
| Disposition | □ Cheerful | □ Average | □ Passive |
| Punctuality | □ Punctual | □ Average | □ Often late |
| Financial responsibility | □ Honors obligations | □ Average | □ Neglectful |

Comments:



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

2. Does he/she display high moral standards? □ Yes □ No (please explain)

3. Is he/she prejudiced against groups, races or nationalities? □ Yes (please explain)

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Please explain:

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

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Comments:

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

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

10. Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas of their life we

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□ Yes □ With some reservation (please explain) □ No (please explain)

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**I have known for years, and believe that**

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Signed

Name: Position:

Address:

Phone







**YWAM LEADER REFERENCE FORM**

Continued

Day/Mo/Yr

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educational policies, admissions policies, scholarship and loan programs, and

athletic and other school-administered programs.

**Supplemental Information**



**APPLICANT: Please submit the following information and to enclose your 6 exercises with enrollment**

**application to: No. 6, Alley 75, Lane 766, Jianxing Road, North District, Taichung Taiwan R.O.C**

**Fine Art Foundations Assignments**

Please complete the 6 exercises described. Most foundational students are not accomplished artists at this point.

Do your best to follow the directions and complete each exercise on a sheet of white 8.5”" X 11”" paper in the specified medium.

Be sure to print your name and exercise number on the lower right hand corner of each sheet.

Please submit all exercises with your enrolment application.

EXERCISES:

1. Including three items of furniture, make a perspective drawing of a corner of a room in your home. Emphasis is to be placed on proportion, perspective and shading, utilizing a soft dark-lead pencil.

2. Make a collage on an 8.5”" X 11”" inch sheet of paper. Compose it by tearing or cutting magazines or other 2-D materials and adhering them to the paper.

3. Crumple a small brown paper bag, and then direct a strong light source over the bag. Using felt tip,

pen and ink, or ink wash make an ink drawing of this arrangement on another sheet of paper.

4. Using pencil or ink, draw the human figure in a freestanding position.

5. Reflect on an interesting incident in your life. Illustrate it in a drawing, with a brief explanation of the event on the reverse side of the paper.

6. Combine materials or two-dimensional images in a composition in a way that you find unusual or

humorous when they are seen in comparison with each other. This may be done in pencil or collage.

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