



COLLEGE APPLICATION

Failure to complete all sections of this form may significantly delay the processing time of your application. Remember to sign your application and include the \$50 nonrefundable application fee. Completion of Questionnaire is required.

Your Information _____

Name _____

Previous Name (other name under which your transcripts might appear)

Date of Birth ____ / ____ / ____ Gender ____ Male ____ Female SS Number _____

Are you now or have you ever been charged with or under indictment for a felony Yes No

At all times, as an applicant or student, you are required to notify SABER College of any charge, indictment or conviction involving a felony or act that would be a felony if committed by an adult. Failure to provide such notification may result in student disciplinary action, up to and including expulsion from SABER College.

Please indicate program you're interested in studying.

What is your country of citizenship? _____

If you did not answer "United States" in the above question, are you a U.S permanent resident?

Yes No

Permanent Address _____

Mailing Address (If Applicable)

Home Phone _____ Cell Phone _____

E-mail Address _____

Ethnic Background _____

Are you:

- Hispanic
- Black or African American
- Asian
- White
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Two or More Races

Military Status _____

Are you currently serving on active duty in the U.S. armed Forces for purposes other than training?

_____ Yes _____ No

Are you a veteran of the U.S. Armed Forces? _____ Yes _____ No

Are you a member of the National Guard or the U.S. Armed Forces reserve? _____ Yes _____ No

Emergency Contact Information _____

Name _____

Address _____

Phone Number _____ Phone Type: Home _____ Work _____ Cell _____

Relationship _____

You Education

High School-Name: _____ Graduation Date: _____

College-Name: _____ Graduation Date: _____

College Coursework

Have you ever taken SABER College coursework _____ Yes _____ No

Have you attended any other colleges or universities? _____ Yes _____ No

Name _____

City _____

Beginning Date of Attendance _____ End Date of Attendance _____

Major Area of Study _____

Degree Earned _____

Have you ever been dismissed or suspended from High School or another college/university?

_____ Yes _____ No

Date of Suspension _____ Name of Institution _____

_____ Disciplinary _____ Academic

Signature _____ Date _____

I understand that I am responsible for submitting complete and accurate information on my application from and in all related application materials. I certify that the information contained in this application from and in all application materials is complete and accurate, and I understand that submission of inaccurate information by me is sufficient cause for terminating my enrollment. I understand that I am required to notify admissions or my student advisor if any of the information provided on this application changes after submission.



SABER COLLEGE

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Phone: (305) 443-9170
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Admission Specialists

ADMISSIONS

DOCUMENTS TO BRING TO ADMISSION:

1. Social Security (Original). Driver's License. Permanent Resident card, US certificate or Passport, Birth Certificate if you were born in the U.S.
2. High School Diploma from the US or if NOT then from your country. If you have College Transcripts, bring unofficial to evaluate them. OFFICIAL transcripts before you start class. If you are an LPN, bring LPN license, Diploma, and Transcripts.
3. If you don't have College transcripts, you need to take an ENTRY exam "TABE" in our school. For practice go to: <http://tabetestlevelappracticequestion>.
4. 3 Reference Letters totally typed in ENGLISH. Please make sure they have a signature, address, phone, and the date. No Family members.
5. **Income Taxes**

Other documents necessary for school:

1. C.P.R card
2. Background check
3. Health Record Form.



Name: _____

Date: ____ / ____ / ____

Interview Questionnaire

1. GIVE US A SMALL HISTORY OF YOURSELF:

2. DO YOU HAVE A PROFESSIONAL BACKGROUND OR EXPERTISE IN THE HEALTH PROFESSION?. IF YES, STATE THE SPECIFIC AREA BELOW:

3. WHAT SKILLS DO YOU CURRENTLY POSSES THAT YOU THINK WOULD HELP YOU WITH YOUR STUDIES?



4. DISCUSS SOME OF YOUR WEAKNESSES AND HOW DO YOU PLAN TO OVERCOME THEM?

5. HOW WILL YOU SUCCESSFULLY COMPLETE THIS PROGRAM? AND WHAT MAYOR SACRIFICE WOULD YOU NEED TO MAKE TO COMPLETE THE REQUIREMENTS AND ULTIMATELY REACH YOUR GOAL?

6. WHERE DO YOU SEE YOURSELF IN THE NEXT 5 YEARS?



7. HOW DID YOU HEAR ABOUT OUR PROGRAM?

8. HOW DO YOU STAND ON ISSUES REGARDING ETHICAL AND MORAL BEHAVIORS EXPECTED OF THE HEALTH CARE PROFESSIONAL? WRITE TWO PARAGRAPHS.

9. WHY DO YOU FEEL YOU ARE THE BEST CANDIDATE FOR OUR PROGRAM?



Distance Education Candidate Questionnaire

Applicant Name _____ Program: _____

SABER College has created its online classes in order to provide another access to quality education. Our goal is to extend our educational opportunities beyond the brick and model by providing access to online education while also offering hands on experience through on-campus laboratory practice and clinical experience.

The minimum technology requirements listed below are necessary for the successful completion of a hybrid program at SABER College:

Technological Competencies

As part of the admission process to Distance Education, students are required to meet certain skills in the use technology:

- Ability to use email to correspond with faculty, staff, and students
- Ability to access, create and save documents in Microsoft Office programs. Students must be familiar with Microsoft Word.
- Ability to browse the Web
- Ability to run an antivirus application to ensure files are virus free

Inventory of Equipment for Distance Education

The student is responsible for equipment necessary to complete the online courses. The technology requirements that is necessary to participate in an online course:

Screen Size

- Monitor/display video card- 1024 x 768 resolution

Operating System

- Windows XP SP3 and newer
- Mac OSX 10.6 and newer
- Linux-chrome OS

Mobile OS Native App Support

- IOS 5 and newer
- Android 2.3 newer



Computer Speed and Processor

- Use a computer 5 years old or newer when possible
- 1GB of RAM
- 2GHz processor

Internet Speed

- High Speed Internet Connection

Screen Readers

- Latest version of JAWS for Internet Explorer 9 & 10 and Firefox
- Latest version of Voice Over for Safari
- There is no screen reader support for Chrome

Also Recommended

- Headset or speakers
- Microsoft Office 2003 or greater*
- A current antivirus application
- Adobe Reader (free download)

*Classes may require the use of Word, Excel and/or PowerPoint, Students are responsible for ensuring that they have the software required and should not enroll in course if they do not have the necessary software.

Internet/Email

- An internet service provider (ISP)
- An e-mail address

The Division of Distance Education does not provide access to the Internet as part of its agreement. Students are responsible for having access to the internet and a professional email address.

Instructions: Please circle the answer that comes closest.

1. Do you own a computer that meets the minimum requirements needed to complete the program? Yes/No
2. Can you use a computer and the internet proficiently? Yes/No
3. Do you have a valid email address that is in good taste? Yes/No
4. Do you check this email address on a daily basis? Yes/No
5. Do you have a reliable internet service provider? Yes/No



6. Online study requires many things of the students in order to be successful. Please rate yourself on the following traits on a scale of 1-10, with 10 being the highest or most possible:

- a) Self-Discipline 1 2 3 4 5 6 7 8 9 10
- b) Self-Motivation 1 2 3 4 5 6 7 8 9 10
- c) Ability to learn online without becoming easily frustrated 1 2 3 4 5 6 7 8 9 10
- d) Ability to communicate effectively and on a professional level 1 2 3 4 5 6 7 8 9 10
- e) Ability to meet strict deadlines 1 2 3 4 5 6 7 8 9 10
- f) Computer frustration tolerance 1 2 3 4 5 6 7 8 9 10
- g) Commitment to be successful in your career 1 2 3 4 5 6 7 8 9 10

7. Are you to meet these minimum technology requirements? YES/NO

-I understand and agree that I have the skills and knowledge necessary to successfully complete all hybrids or distance education courses offered in my program of study.

Signature _____

Date _____



Contact Information:

Name: _____

Address: _____

Phone Number: 1) _____ 2) _____

Program Interested: _____

How did you hear from us: _____

Official use only

RN: _____

PTA: _____

Grades: _____

Grades: English: _____ Reading: _____ Math: _____

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