



Admission Application

Harbor Heritage University

A Division of The Federation of International Gender and Human Rights
New York, New York

HHU Program Sessions

This will be the **official application** of HHU. Please fill out **ALL** information or write or check “NA” in the space; this will be the list used for certificates, certifications and commencement so please make sure to update and name or address changes before graduation.

1. PERSONAL

Date of Application _____ Session _____ Year _____

Full LEGAL Name _____ DOB _____

Mailing Address _____ Suite/Box/Apt _____

City _____ State/Province _____ Country _____ Postal Code _____

WhatsApp Number (including Country Code) + _____ Alt Number _____

Email _____ Alt Email _____

You are applying to attend Harbor Heritage University. You understand that the design of the course work is a ONE CALENDAR YEAR program with official commencement. You equally understand that each, one-year, consecutive course builds on the final and last year, with a Dissertation to challenge. (*see website*). Your initials below (**Int**), commits to this accelerated process, regardless of the program, understanding that the inability to *compete* the selected program, in the allotted time given, will forfeit your position in this offering with the ability to make it up in the NEXT consecutive class offering in the *next* session. **Int** _____

2. ACADEMIC

Your current Professional Career Field _____ # Years _____
(This is the career that you are in or just retired from— *for statistical purposes only*)

Please fill out all that apply (Please place NA in any section that doesn't apply; failure to complete an educational level is NOT a rejection from the program)

High School

Name of School _____ City _____ Country _____

Years Completed _____ Year of Graduation _____ Degree _____

Bachelor's Program

Name of School _____ City _____ Country _____

Years Completed _____ Year of Graduation _____ Degree _____

Master's Program

Name of School _____ City _____ Country _____

Years Completed _____ Year of Graduation _____ Degree _____

Doctoral/Post-Doctoral Program

Name of School _____ City _____ Country _____

Years Completed _____ Year of Graduation _____ Degree _____

Certificate/Military/Professional Program

Name of School _____ City _____ Country _____

Years Completed _____ Year of Graduation _____ Degree _____

(Continue on a separate sheet for any other programs you wish to mention)

3. PROFESSIONAL

Please check or list any other Professional Bodies of work or belonging, that you wish to acknowledge:

| TYPE | NAME (Please list) | YEARS |
|--|--------------------|-------|
| NA | [] | |
| Sorority/Fraternity (Academic, etc) | _____ | |
| Social Organization (Rotary, Elk, etc) | _____ | |
| Professional (Law, Medicine, etc) | _____ | |
| Theological (Secular, Non-Denom., etc) | _____ | |
| Cultural/Indigenous/Tribal | _____ | |

(Continue on a separate sheet for any other programs you wish to mention)

4. REFERENCES

Please list two (2) Professional, Employment or Academic References, in any order, that can verify your professional acumen or personal character. They will need to provide a formal, ink or digitally signed letter to this effect, stating their relationship to you (business, educational or personal) and the manner of your relationship. The letters must be on letterhead and emailed with this application, your personal statement and updated resume.

Title/Name _____ Field or Company _____

Number of years known _____ Email or Phone number _____

Title/Name _____ Field or Company _____

Number of years known _____ Email or Phone number _____

5. PROGRAM

Which session are you requesting?

- January to December
- June to May

Which program are you seeking?

- Professional Certificate
- Associate of Arts
- Bachelor of Arts
- Master of Arts
- Doctorate - G/HR (PhD)
- Int'l Interfaith Professional Chaplain (DPS)
- Four (4) Year Course (Associates to PhD) – This program begins in January only

6. LEARNING STYLE

Please list your learning style (Audible, visual, tactile) to include any IEP's given or any matters of Neurodiversity that we will need to know that will help in our scheduling comfort for you while your attending.

NA

7. DIFFERENTLY-ABLED

Please list any and all requirements you will need be successful in your stay. Such as, Audio/Visual Devices or print, Ramps, Walker or Chair access, Registered Service Animal space/access.

NA

8. TRANSFERS/TRANSCRIPTS

Please list all schools you have attended from High School/Alternative School and any Colleges/Universities you attended and the dates you attended. This will be matched with the transcripts that we will receive from your request, sent to our office.

High School _____ City/State _____ Years _____

Alternative School _____ City/State _____ Years _____
 College/Univ. _____ City/State _____ Years _____
 College/Univ. _____ City/State _____ Years _____
 College/Univ. _____ City/State _____ Years _____

9. MISCELLANEOUS

International Interfaith Professional Chaplaincy Candidates ONLY

This information will be for the ordering of your Chaplain Badge and your Doctorate titling. Please fill out the following information. If you do not fill out EVERY session you will receive the *un-personalized* General Chaplaincy Badge. The wording “CHAPLAIN” and “International Interfaith” will remain the same on everyone’s badge.

Given Name _____

Middle Name _____

Sir/Last Name _____

Domestic Badges State _____

International Badges Country _____



Domestic Badge



International Badge



The Wallet

10. SIGNATURE PAGE

I _____ (**full legal name**) in true and right, sound mind and body, do make this application to attend and complete the selected program above. I make this attestation with full measure and knowledge of the requirements, prerequisites and documentation that is required for this program. Likewise, I come into this program knowing that any and all certification, licensure and Doctorate is within the field concentration of **Gender and Human Rights**. I accept this and understand that no other order of academia was implied, offered or suggested in the completion of this course matter.

I sign in full efficacy of matter and with knowledge and acceptance of this program offerings.

Printed Name _____ Legal Signature _____

Date of Signature _____ FIGHR/HHU Signature _____

Documentation Needed for completed Application: (Please check all you have submitted with this application)

- Fellowship Application
- Professional Resume/Cover Letter
- Personal Statement
- Two (2) Professional, Employment or Academic Letters of Recommendation
- Other (As requested) – Please list _____

-----**DO NOT WRITE BELOW THIS LINE**-----

Accepted to Session _____ **Date of Acceptance** _____

Educational Verified by: _____ Date of Verification _____

Professionalism verified by: _____ Date of Verification _____

Confirmation email sent (Date) _____ FIGHR Rep _____