



OMEGA GRADUATE
SCHOOL

AMERICAN CENTRE FOR RELIGION/SOCIETY STUDIES (ACRSS)

Enrollment Information and Forms

Omega Graduate School
500 Oxford Drive - Dayton, TN 37321 USA
Telephone: 423-775-6596 - Fax: 423-775-6599 - Web: www.ogs.edu

OMEGA GRADUATE SCHOOL PRE-ENROLLMENT CHECKLIST

TO BE PLACED IN STUDENT'S FILE WHEN COMPLETED, SIGNED, AND DATED

Registration date: 7-18-2024
Name Kassidy Meagan Kirkland SS Number 462-91-9828
Address: 2802 Clover Dr.
City, State & Zip Code: Sherman, Tx 75092 Country USA
Telephone number: 682-559-7922 972-347-7680
Home Work Fax Cell
Email Address: kassidymkirkland@gmail.com
Program name (MLitt, DPhil, DSL or Gracism Certificate) DSL

Please make a check mark by each section when completed.

1. Toured the Institution or Watched Program Orientation Workshop Videos (if courses were online during first term of enrollment);
2. Received an institution catalog. If provided electronically, understand that student may request a hard copy of the catalog at any time;
3. Had time and opportunity to review institutional policies in catalog;
4. Received information on timeframe (academic terms and calendar time for full time/part time) for completion of program of studies;
5. Informed of total tuition and fee costs, and policies for cancellation or refund; Have been given a copy of the instruction refund policy (located on second page of Tuition Agreement);
6. Informed of estimated costs of materials and supplies;
7. Informed of need for laptop/notebook while attending campus residency;
8. Submitted health information form;
9. Received and signed the Transferability of Credit Disclosure form in compliance with T.C.A. § 49-7-144 and understands the specific limitations should the institution have articulation agreements.
10. Given the address and telephone number of Tennessee Higher Education Commission (in institutional catalog). Understands that any person claiming damage or loss as a result of any act or practice by this institution that is a violation of the title 49, Chapter 7, Part 20 or Rule Chapter 1520-01-02 may file a complaint with the Tennessee Higher Education Commission, Division of Postsecondary State Authorization

11. Received the most recent copy of the Annual Performance Report created by the Tennessee Higher Education Commission

12. Informed of grievance procedures at Omega Graduate School and the Tennessee Higher Education Commission, Nashville, TN 37243-0830, (615) 742-5293 (in institutional catalog)

Kassidy M. Kinsland
Signature of Student

7-18-2024
Date

Signature of School Official

Date

OMEGA GRADUATE SCHOOL SOLIDARITY OF FAITH

The founders and faculty of Omega Graduate School stand in solidarity with the historic Christian faith as founded in Scripture and embodied in the Apostles' Creed and the Nicene Creed and popularly expressed by the following statements:

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His Ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

I have read the above statement and agree to respect its content.

Kassidy M. Kirkland
Name (printed)

7-18-2024
Date

Kassidy M. Kirkland
Signature

AUTHORIZATION TO RELEASE PERSONAL INFORMATION

Omega Graduate School does not release faculty, student, or alumni contact information unless specifically authorized in writing by the individual. Please indicate your preference below. This information will be used to determine whether or not to release the information requested. It is not Omega Graduate School's practice or intent to release faculty, student, or alumni information for solicitation or other marketing purposes. **Note: Your social security number or equivalent registry in your country of origin will not be released except where required by law.**

Section 1: Personal Information

I, _____, **DO NOT authorize** Omega Graduate School to release personal information except as required by law.

OR

I, Kassidy M. Kirkland, **authorize** Omega Graduate School to release the following information. Your initials below indicate your permission. Please print clearly.

Yes	No	Personal Information	Add appropriate information below
KMK		Email Address:	<u>kassidy mkirkland@gmail.com</u>
	KMK	Home Telephone Number:	
KMK		Cell Phone Number:	<u>1082-559-7922</u>
KMK		Mailing Address:	<u>2802 Clover Dr. Sherman, TX 75092</u>
KMK		Educational Enrollment Verification requested by employers or potential employers	

I authorize the release of the above information to the following individuals or groups associated with Omega Graduate School. Your initials below indicate your permission.

Yes	No	Group
KMK		Current Students
KMK		Alumni
KMK		Members of the Board of Regents



Changing the World Through Social Research

Section 2: Use of Audiovisual Material and Social Media Communication

I, Kassidy M. Kirkland, understand Zoom class sessions held during online Cores at Omega Graduate School are recorded and may be used for faculty/staff training purposes.

There may be exciting opportunities to feature video recordings or photographs of you, or your written materials, in social media or other OGS promotional communications. If you are interested in participating, please complete the statement below.

I, Kassidy M. Kirkland, authorize Omega Graduate School to communicate with you using the following social media sources and feature you in OGS media communications. You will be contacted for approval regarding any social media posts. Your initials below indicate your permission.

Yes	Yes, with Approval	No	Information	Add appropriate information below
KMK			Photos for Promotional Materials (Brochures, Website, etc.)	
KMK			Audiovisual Recordings of Zoom Class Sessions for Promotional Materials	
KMK			Audiovisual Recordings of Topic Talk Thursday Sessions for Promotional Materials	
KMK			Audiovisual Recordings of Testimonials for Promotional Materials	
KMK			Written Testimonies for Promotional Material	
		KMK	Instagram Account Name:	
		KMK	Twitter Account Name:	
KMK			Facebook Account Name:	Kassidy Kirkland
		KMK	LinkedIn Account Name:	
	KMK	_____	Other (list)	

I understand that, should I wish to change this authorization, I must notify the school. I may do so by either requesting another form to complete and return, or in writing with my signature, the effective date of authorization change, and the options I wish to change.

Signature: Kassidy M. Kirkland
 Revised 3 March 2021 | R. Drive – Core Preparations

Date: 7-18-2024

Information Concerning Transferability of Credits

Credits earned at Omega Graduate School may not transfer to another educational institution. Credits earned at another educational institution may not be accepted by Omega Graduate School. You should obtain confirmation that Omega Graduate School will accept any credits you have earned at another educational institution before you execute an enrollment contract or agreement. You should also contact any educational institutions that you may want to transfer credits earned at Omega Graduate School to determine if such institutions will accept credits earned at Omega Graduate School prior to executing an enrollment contract or agreement. The ability to transfer credits from Omega Graduate School to another educational institution may be very limited. Your credits may not transfer and you may have to repeat courses previously taken at Omega Graduate School if you enroll in another educational institution. You should never assume that credits will transfer to or from any educational institution. It is highly recommended and you are advised to make certain that you know the transfer of credit policy of Omega Graduate School and of any other educational institutions you may in the future want to transfer the credits earned at Omega Graduate School before you execute an enrollment contract or agreement.

Kassidy M. Kirkland
Print Name

Kassidy M. Kirkland
Signature

7-18-2024
Date

HEALTH HISTORY
CONFIDENTIAL INFORMATION
PLEASE PRINT ALL INFORMATION

NAME: Kassidy Meagan Kirkland
ADDRESS: 2802 Clover Dr.
Sherman, Tx 75092

Personal Physician: Dr. Jaspaul Bhangoo
Address: 3323 Colorado Blvd #101
Denton, Tx 76210
Telephone: (940) 891-6016

Health/Hospital Insurance Information:
Company: Cigna
Subscriber #: U28548436 09
Group # or Code: 3174704

If no changes, date and initial:	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE ANSWER ALL QUESTIONS

Do you require a special diet? NO If so, please explain on reverse side.

List any known drug or food allergies: Sulfa drugs

Blood Type: _____ Blood factor sensitivities? N/A

Have you been under a physician's care during the past five years for any serious health problems?
 If yes, please explain on second page.

Do you have a disability which affects class attendance and participation (such as vision, hearing, or walking disability)? NO If yes, please explain on second page.

Check if you have or have had any of the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Abnormal Blood Pressure |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Hepatitis C |

Any communicable disease? No If so, what? _____

List medications, if any, you are currently taking: Atorvastatin 40mg,
Hydrochlorothiazide 12.5 MB, Lisartan 100mg, Metformin ER 500mg,
Levothyroxin 50mcg, Ozempic 0.5mg/week, Venlafaxine ER 37.5mg
Bupropion Sr 150mg

Any special considerations? _____

Explanations continued from front page: (diet or other problems): _____

Diabetes, high blood pressure

IN CASE OF EMERGENCY,
NAME OF CONTACT PERSON

Jeremy Westduke Fiance

(Name and Relationship)

2802 Clover Dr. Sherman, Tx 75092

(Address)

() _____ (903) 744-4038

Home Telephone

Mobile Telephone

Signature: Kassidy M. Kivland Date: 7-18-2024