

## 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.

Anthony W. Brown  
Name (printed)

11-29-24  
Date

Anthony W. Brown  
Signature

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)

  
Signature of Student

11-29-24  
Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

HEALTH HISTORY  
CONFIDENTIAL INFORMATION  
PLEASE PRINT ALL INFORMATION

NAME:

Anthony W. Brown

ADDRESS:

4701 Old Soper Rd #564  
Camp Springs, MD 20746

Personal Physician:

Open Access

Address:

\_\_\_\_\_

Telephone:

( ) \_\_\_\_\_

Health/Hospital Insurance Information:

Company:

Care First & BlueCross BlueShield Open Access

Subscriber #:

LP6 839602130

Group # or Code:

5800056-DC10

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:

Cipro

Blood Type:

B+

Blood factor sensitivities?

N/A

Have you been under a physician's care during the past five years for any serious health problems?

NO 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?

\_\_\_\_ Tuberculosis    \_\_\_\_ Heart Trouble    \_\_\_\_ Abnormal Blood Pressure  
\_\_\_\_ Diabetes    \_\_\_\_ Convulsions    \_\_\_\_ Epilepsy  
\_\_\_\_ Fainting Spells    \_\_\_\_ Paralysis    \_\_\_\_ Hepatitis C

Any communicable disease? NO If so, what? \_\_\_\_\_

List medications, if any, you are currently taking: N/A

Any special considerations? \_\_\_\_\_  
\_\_\_\_\_

Explanations continued from front page: (diet or other problems):  
I don't eat red meat or pork.  
\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY,  
NAME OF CONTACT PERSON

Norma Brown, Mother  
(Name and Relationship)

7224 Rhodell Houston, TX 77066  
(Address)

(713) 631-2997 ( ) \_\_\_\_\_  
Home Telephone Mobile Telephone

Signature: *Norma Brown* Date: 11-29-24

# OMEGA GRADUATE SCHOOL PRE-ENROLLMENT CHECKLIST

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

Registration date: \_\_\_\_\_

Name Anthony W. Brown SS Number 463-65-7104

Address: 4701 Old Soper Rd #564

City, State & Zip Code: Camp Springs, MD 20746 Country USA

Telephone number: 713-446-4893

Email Address: anthonywaynebrown@gmail.com

Program name (MLitt, DPhil, DSL or Gradism Certificate) DSL

Please make a check mark by each section when completed.

- Toured the Institution or Watched Program Orientation Workshop Videos (if courses were online during first term of enrollment);
- Received an institution catalog. If provided electronically, understand that student may request a hard copy of the catalog at any time;
- Had time and opportunity to review institutional policies in catalog;
- Received information on timeframe (academic terms and calendar time for full time/part time) for completion of program of studies;
- 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);
- Informed of estimated costs of materials and supplies;
- Informed of need for laptop/notebook while attending campus residency;
- Submitted health information form;
- 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.
- 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

## 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, Anthony W. Brown, 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
✓		Email Address:	
✓		Home Telephone Number:	
✓		Cell Phone Number:	
✓		Mailing Address:	<u>Exclude Students</u>
✓		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
	✓	Current Students
✓		Alumni
✓		Members of the Board of Regents

**Section 2: Use of Audiovisual Material and Social Media Communication**

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

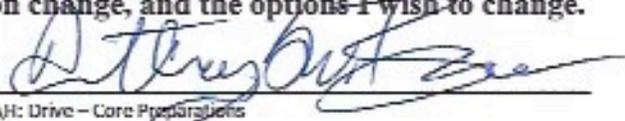
There may be exciting opportunities to feature video recordings or photographs of you, or your written materials, in social media or other OGS promotional communications. If you are interested in participating, please complete the statement below.

I, Anthony W. Braun, 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
	✓		Photos for Promotional Materials (Brochures, Website, etc.)	
	✓		Audiovisual Recordings of Zoom Class Sessions for Promotional Materials	
	✓		Audiovisual Recordings of Topic Talk Thursday Sessions for Promotional Materials	
	✓		Audiovisual Recordings of Testimonials for Promotional Materials	
	✓		Written Testimonies for Promotional Material	
		✓	Instagram Account Name:	
		✓	Twitter Account Name:	
		✓	Facebook Account Name:	
		✓	LinkedIn Account Name:	
			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:



Date:

11-29-24

## 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.

Anthony W. Braun

Print Name

Signature

Anthony W. Braun

11-29-24

Date