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## WELCOME

Thank you for your interest in the Doctor of Ministry Program. Please read the following information regarding the forms contained in your application packet. Pay close attention to the detailed instruction on the additional requirements for international students, and an important admissions policy located on the next page. If you have any further questions don't hesitate to contact us at 1-800-253-2874.

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## FOR ALL APPLICANTS

### Application and \$40 Application Fee

The enclosed application form must be completed entirely, printed in ink or typed, and signed before the admissions process can begin. A \$40 application fee is required and should be submitted with the application form. We accept cash, credit card, check, or money order. International applicants must use a U.S. draft / money order or a U.S. bank check with the U.S. bank's name and address printed on it. Make checks or money orders payable to Andrews University.

### Statement of Purpose and Professional History

Please follow the instructions printed on the enclosed form.

### Recommendation Forms

There are a total of three required recommendations. Two general recommendations should be completed on your behalf, usually by an elder from your local church and by a ministerial colleague. Please do not ask for references from family members. The third recommendation form is for a conference president, or other institutional official, to fill out and return to us. The recommendations should be sent by the evaluator to AU Graduate Admissions. Be sure your name is on each form.

### Official Transcripts

Official transcripts are required from the registrar of all post-secondary institutions that you have attended. Be sure to ask about transcript costs. If the language of instruction at the school(s) is not English, the school(s) must provide transcripts in both the original language of instruction and in a literal English translation. To be considered official, transcripts (including translations) must be sent directly from your school(s) to the AU Graduate Admissions office or be received by AU Graduate Admissions in an unopened, school-sealed letterhead envelope. International transcripts are evaluated according to published guidelines for each country. Official and certified copies of examination reports and all secondary certificates (e.g., "O" and "A" levels) are also required if you have been educated outside of the U.S. Transcript request forms are provided for your convenience.

**NOTE:** Transcripts become property of the university and may be released intra-campus for purposes of academic advisement, evaluation, and administration as deemed necessary.

### Research Paper

Please return a copy of one of your masters-level research papers based on the requirements explained on the form.

### 16PF Test Application Form

Follow the instructions on the enclosed form and return it promptly with your payment of \$20 to cover the expenses of the test.

### Financial Plan (for U.S. Citizens and legal residents only)

The DMin program office needs to see a budget from every student using this form. Please base your calculations on the enclosed financial information.

This is not to be confused with the Estimated Budget Sheet for international students. International students must fill out an Estimated Budget Sheet in place of this form.

### Immunization Record

This form is required **only** for full-time on-campus students. Although it is not required for acceptance to an Andrews University program, it must be completed before registering for classes, and should be turned in as soon as possible. If you have any questions please call the Student Health Nurse at (269) 473-2222.

### Residence Hall/Housing Application

Applicants desiring long-term on-campus housing may complete one of these forms. Non-Dormitory Housing applications are for those who are single and over 22 years old, married, or have families.

### Additional Information

Please read through the items included in the pocket of your application. We have provided you with a four-year program planner, information about the available concentrations, and other documents that will aid you as you plan your application for a Doctor of Ministry degree.

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## FOR INTERNATIONAL APPLICANTS ONLY

### Educational Summary Sheet

Any applicant who has ever been educated outside the U.S. must complete this form. Please follow the instructions on the form carefully, as failure to complete this form properly will slow the admissions process. This form is enclosed.

### Estimated Budget Sheet

All applicants attending on a student visa (F-1 or J-1) must complete this enclosed form and submit it by June 1. This completed form and all other financial requirements and documents requested as indicated on the budget sheet should result in financial acceptance to Andrews University. After academic acceptance AND financial acceptance are granted, the I-20 or 2019 will be sent to you.

### Copy of Diploma(s)

Please submit a certified copy of your original diploma(s) with your application. This is required for applicants whose final transcripts do not list both the name of the degree obtained and the date the degree was conferred. Since most countries outside the U.S. do not include this information on transcripts, most international students must send a copy of their diploma. Please provide copies in both the original language of instruction and in English.

### Passport Identification Page

A photocopy of the pages in your passport that include your name and other biographical information is required before your I-20 can be issued. Please send this with your application.

### TOEFL/MELAB

If English is not your first language or you are not a four-year graduate of an accredited college/university in a country where English is the spoken language and medium of instruction, a minimum score of 550 on the paper-based TOEFL or 213 on the computer-based TOEFL or 80 on the iBT TOEFL or 80 on the Michigan English Language Assessment Battery (MELAB) is required **prior to admission**. Additional guidelines for demonstrating acceptable English proficiency are published in the international brochure and the Andrews University Bulletin. The TOEFL or MELAB must be taken within one year prior to application. Official TOEFL scores must be sent directly to AU Graduate Admissions from the Educational Testing Service (ETS). The Andrews University ETS code is 1030. Those who do not have passing scores are welcome to apply for English studies at the AU English Language Institute (ELI). TOEFL testing sites, dates and information are found at [www.toefl.org](http://www.toefl.org). You may also email [toefl@ets.org](mailto:toefl@ets.org) or call (609) 771-7100 or write ETS at P.O. Box 6000, Princeton, NJ 08541-6000, U.S.A. International applicants may also check with the U.S. Embassy in their country for information regarding TOEFL.

**NOTE:** Please note that those applying for the Pastoral Ministry concentration in Spanish do not need to prove English proficiency.

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## IMPORTANT ADMISSIONS POLICY

Admission to the Seventh-day Adventist Theological Seminary is granted irrespective of race, color, national or ethnic origin, gender, or disability. The Seminary is owned and financed by the Seventh-day Adventist Church. It is a community of committed Christians who collectively confess the Christian faith and seek to experience its meaning in worship and practical life. Most of its students are members of the Seventh-day Adventist Church; however, no declaration of confessional allegiance is required for admission. Students who meet academic requirements, whose lifestyle and character are in harmony with the purposes of the Seminary, and who express willingness to cooperate with general university policies may be admitted. Admission to the university, however, is a privilege rather than a right and may be withdrawn by the university at its discretion.

Students are expected to maintain the religious, social, and cultural atmosphere of the Seminary and to order their lives in harmony with its mission and purposes. The seminary community endeavors to maintain an atmosphere of mutual support and acceptance that is congenial to personal adjustment and social development. In the course of their preparation for the ministry, students are called upon to participate in the lives and worship of the surrounding churches. Because of this role, students are expected to be sensitive to the values of others and exemplary in appearance and actions.

Mail to: <b>Graduate Admissions</b> <b>Andrews University</b> <b>Berrien Springs, MI 49104-0620, USA</b>  Fax to: 269.471.6246 Phone: 269.471.6321 Email: graduate@andrews.edu Online: www.andrews.edu/grad	In-process Entry Date _____ By _____ ID _____  Financial Statement Sent _____ By _____ G _____  Housing Application Sent _____ By _____ Amount _____  Medical Forms Sent _____ By _____ Receipt _____  Stmt Ack Sent _____ By _____ (For office use only)
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Admission to Andrews University is available to any student who meets the academic and character requirements of the University and who expresses willingness to cooperate with its policies. Because Andrews University is operated by the Seventh-day Adventist Church, the majority of its students are Seventh-day Adventists. However, no particular religious commitment is required for admission; any qualified student who will be comfortable within its religious, social, and cultural atmosphere may be admitted. The University does not discriminate on the grounds of race, sex, color, creed, national or ethnic origin, age, disability or other legally protected characteristics.

**PLEASE PRINT CLEARLY**—NOTE: There is an application fee of \$40 (non-refundable)  
 INTERNATIONAL STUDENTS: Please attach a photocopy of the page in your passport that contains your biographical information to this application.

LAST/FAMILY NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ MAIDEN/PREVIOUS NAME(S) \_\_\_\_\_

HOME: STREET ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

WORK TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ CELL NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

TEMPORARY MAILING ADDRESS (IF DIFFERENT FROM ABOVE): STREET ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TEMPORARY TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ AT TEMPORARY ADDRESS: FROM M/D/Y \_\_\_\_\_ TO M/D/Y \_\_\_\_\_

**PROGRAM DATA**

PLEASE INDICATE THE CONCENTRATION YOU ARE APPLYING FOR

AFRICAN AMERICAN MINISTRIES   
  CHAPLAINCY   
  EVANGELISM AND CHURCH GROWTH   
  FAMILY MINISTRY   
  GLOBAL MISSION LEADERSHIP  
  
 LEADERSHIP   
  PASTORAL MINISTRY (in Spanish)   
  PREACHING   
  YOUTH MINISTRY   
  OTHER \_\_\_\_\_  
  
**BEGINNING SEMESTER AND YEAR**   
 SUMMER (MAY/JUNE) 20\_\_\_\_   
 AUTUMN (AUG) 20 \_\_\_\_   
 SPRING (JAN) 20 \_\_\_\_

**TEST INFORMATION**—NOTE: For international applicants only. Please see the information page of the application if you have any questions.  
 I HAVE TAKEN OR PLAN TO TAKE THE:

TOEFL   
  MELAB   
 during:   
 MONTH \_\_\_\_\_   
 YEAR \_\_\_\_\_

**DISABILITY SERVICES**

Qualified students with disabilities are encouraged to inform the university of their disability and enter into a dialogue regarding ways in which the university might reasonably accommodate them. The university can respond only to what it knows. It is the student's responsibility to provide necessary documentation of disabilities from a qualified, licensed professional before accommodation can be considered. For more information, contact Student Services at 269.471.3215.

**PERSONAL INFORMATION**

SEX  MALE  FEMALE BIRTH DATE (M/D/Y) \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_ U.S. SOCIAL SECURITY NUMBER    -   -        
 (if applicable)

**LEGAL PERMANENT RESIDENTS OF THE UNITED STATES:**

STATE OF RESIDENCE \_\_\_\_\_ ALIEN CARD#

**NON-U.S. RESIDENTS—CIRCLE ONE:** STUDENT VISA F-1 EXCHANGE VISITOR VISA J-1 DEPENDENT J-2 REFUGEE VISA OTHER \_\_\_\_\_

NATIVE LANGUAGE \_\_\_\_\_ NUMBER OF YEARS OF STUDY IN AN ENGLISH SPEAKING SCHOOL \_\_\_\_\_

**ETHNICITY:** Your disclosure/non-disclosure of the information below will not affect your eligibility for admission. The federal government requests that we collect this data for statistical purposes. The categories below do not denote scientific definitions of anthropological origins; we and the government recognize that the categories are not perfect or inclusive of everyone’s complex backgrounds. Nevertheless, please select the one group with which you **most** closely identify.

BLACK/NON-HISPANIC  AMERICAN INDIAN OR ALASKAN NATIVE  ASIAN OR PACIFIC ISLANDER  HISPANIC  WHITE/NON-HISPANIC

**MARITAL STATUS**  SINGLE  MARRIED

**RELIGIOUS PREFERENCE**  SEVENTH-DAY ADVENTIST  OTHER DENOMINATION (PLEASE SPECIFY) \_\_\_\_\_  NONE

**HOUSING INFORMATION**  RESIDENCE HALL (DORM)  UNIVERSITY APARTMENTS  COMMUNITY  EXTENSION CAMPUS \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  NO  YES (DATE & NATURE OF OFFENCE) \_\_\_\_\_

**EDUCATIONAL HISTORY**

HAVE YOU PREVIOUSLY ATTENDED ANDREWS UNIVERSITY OR ONE OF OUR COLLEGE OR UNIVERSITY AFFILIATES?  YES\*  NO  
 (For a list of our University affiliates please search on our website: www.andrews.edu)

\*IF YES, DATES ATTENDED FROM MO/YR \_\_\_\_\_ TO MO/YR \_\_\_\_\_ ANDREWS ID NUMBER \_\_\_\_\_

PLEASE LIST ALL OTHER COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED (Use an additional sheet if necessary)

**NAME OF INSTITUTION** \_\_\_\_\_ ATTENDED FROM MO/YR \_\_\_\_\_ TO MO/YR \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

DEGREE AND MAJOR COMPLETED \_\_\_\_\_ ACTUAL DATE OF COMPLETION \_\_\_\_\_

**NAME OF INSTITUTION** \_\_\_\_\_ ATTENDED FROM MO/YR \_\_\_\_\_ TO MO/YR \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

DEGREE AND MAJOR COMPLETED \_\_\_\_\_ ACTUAL DATE OF COMPLETION \_\_\_\_\_

**NAME OF INSTITUTION** \_\_\_\_\_ ATTENDED FROM MO/YR \_\_\_\_\_ TO MO/YR \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

DEGREE AND MAJOR COMPLETED \_\_\_\_\_ ACTUAL DATE OF COMPLETION \_\_\_\_\_

**NAME OF INSTITUTION** \_\_\_\_\_ ATTENDED FROM MO/YR \_\_\_\_\_ TO MO/YR \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

DEGREE AND MAJOR COMPLETED \_\_\_\_\_ ACTUAL DATE OF COMPLETION \_\_\_\_\_

**NAME OF INSTITUTION** \_\_\_\_\_ ATTENDED FROM MO/YR \_\_\_\_\_ TO MO/YR \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

DEGREE AND MAJOR COMPLETED \_\_\_\_\_ ACTUAL DATE OF COMPLETION \_\_\_\_\_

PLEASE READ AND SIGN: The information I have provided is complete and accurate, and I understand any omission of information could significantly delay my acceptance. I further understand that any falsification of admission documents is reason for immediate cancellation of my application and/or denial to Andrews University.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**STATEMENT OF PURPOSE**

Type or print a statement of purpose. List your objectives for seeking the Doctor of Ministry degree. Include the nature and purpose of your interest in pursuing graduate education to meet your personal, professional, and academic goals; your philosophical perspective; and an indication of what you hope to accomplish professionally in ten years following the completion of your proposed course of study. (Use a second sheet if more space is needed).

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

U.S. SOCIAL SECURITY NUMBER --

BIRTH DATE (M/D/Y) \_\_\_\_\_

**PROFESSIONAL HISTORY**

Please include positions or jobs held during the last ten years. If you prefer, you may submit your current resume. If more space is needed, please use a separate sheet.

EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____
EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____
EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____
EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____
EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____
EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____
EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____

**SPECIAL PROJECTS**

Please use this space to tell us about any special projects undertaken in connection with your profession or previous studies. This includes any published books or articles. Use an additional sheet if necessary.

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**APPLICANT INFORMATION AND AUTHORIZATION (TO BE COMPLETED BY APPLICANT)**

LAST/FAMILY NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ MAIDEN/PREVIOUS NAME(S) \_\_\_\_\_

BIRTH DATE (M/D/Y) \_\_\_\_\_ U.S. SOCIAL SECURITY NUMBER (if applicable)    -   -

Please provide the information requested above, and take or mail this evaluation form to your Conference President. Urge him/her to return this form to us immediately, since your application will not be processed until our office receives these evaluations. If returning this form from outside the United States, affix the required air mail postage.

I waive my rights to examine this evaluation.  I do not waive my rights to examine this evaluation.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RECOMMENDATION (TO BE COMPLETED BY THE APPLICANT'S CONFERENCE PRESIDENT OR INSTITUTIONAL OFFICIAL)**

The above-named applicant is applying for a Doctor of Ministry degree and requires a recommendation from you in order to process an application. If the applicant has checked above that he/she does not waive rights to examine this evaluation, he/she will have the right to examine it. Please return this form today in order to expedite the evaluation of this candidate's application. We will appreciate a confidential assessment from you concerning this applicant. Thank you for your cooperation.

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_ IN WHAT CAPACITY? \_\_\_\_\_

**Please comment on the following items with respect to the applicant:**

CHARACTER AND INTEGRITY \_\_\_\_\_

INTERPERSONAL RELATIONS \_\_\_\_\_

INTELLECTUAL CAPACITY \_\_\_\_\_

EMOTIONAL STABILITY AND OUTLOOK ON LIFE \_\_\_\_\_

POTENTIAL FOR A SUCCESSFUL CAREER IN MINISTRY \_\_\_\_\_

GIFTS AND STRENGTHS FOR MINISTRY \_\_\_\_\_

WEAKNESSES OR RESERVATIONS REGARDING MINISTERIAL POTENTIAL \_\_\_\_\_

HOW MIGHT WE HELP THIS APPLICANT THE MOST? \_\_\_\_\_

IS IT YOUR PLAN TO EMPLOY THIS APPLICANT UPON HIS/HER RETURN TO YOUR FIELD?  YES  NO

IF IT IS NOT YOUR PLAN TO EMPLOY HIM/HER, COULD YOU RECOMMEND HIM/HER WITHOUT RESERVATION FOR EMPLOYMENT IN ANOTHER FIELD?  YES  NO

DO YOU KNOW OF ANY REASON WHY THIS APPLICANT COULD NOT BE EMPLOYED IN MINISTRY? \_\_\_\_\_

WILL THE APPLICANT BE FINANCIALLY SPONSORED FOR THE DMin DEGREE PROGRAM BY THIS CONFERENCE/INSTITUTION?  YES  NO

SIGNATURE \_\_\_\_\_ NAME (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

CONFERENCE/INSTITUTION \_\_\_\_\_ POSITION \_\_\_\_\_

**APPLICANT INFORMATION AND AUTHORIZATION (TO BE COMPLETED BY APPLICANT)**

LAST/FAMILY NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ MAIDEN/PREVIOUS NAME(S) \_\_\_\_\_

BIRTH DATE (M/D/Y) \_\_\_\_\_ U.S. SOCIAL SECURITY NUMBER (if applicable)    -   -

Please provide the information requested above, and take or mail this evaluation form to someone other than a relative. Urge the person to return this form to us immediately, since your application will not be processed until our office receives these evaluations. If the forms are to be returned from outside the United States, affix the required air mail postage.

I waive my rights to examine this evaluation.  I do not waive my rights to examine this evaluation.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RECOMMENDATION (TO BE COMPLETED BY RECOMMENDER)**

The above-named applicant is applying for entrance into the Seminary and requires a recommendation from you in order to process an application. If the applicant has checked above that he/she does not waive their right to examine this evaluation, he/she will have the right to examine it. Please return this form today in order to expedite the evaluation of this candidate's application. We will appreciate a confidential assessment from you concerning this applicant. Use your knowledge of the applicant as a guide in answering the questions. Thank you for your cooperation.

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_ IN WHAT CAPACITY? \_\_\_\_\_

**Please comment on the following items with respect to the applicant. (Use an additional sheet if necessary)**

SPIRITUALITY, CHARACTER AND INTEGRITY \_\_\_\_\_

QUALITY OF INTERPERSONAL RELATIONS, PERSONAL FAMILY LIFE \_\_\_\_\_

INTELLECTUAL CAPACITY \_\_\_\_\_

EMOTIONAL STABILITY AND OUTLOOK ON LIFE \_\_\_\_\_

LIFESTYLE AND HABITS \_\_\_\_\_

GIFTS AND STRENGTHS FOR MINISTRY, POTENTIAL FOR SUCCESS \_\_\_\_\_

WEAKNESSES OR RESERVATIONS REGARDING MINISTRY POTENTIAL \_\_\_\_\_

ORAL AND WRITTEN EXPRESSION IN ENGLISH \_\_\_\_\_

IF THIS PERSON IS ADMITTED, HOW MIGHT WE HELP HIM/HER MOST? \_\_\_\_\_

WOULD YOU PREFER TO TALK PERSONALLY WITH SOMEONE IN THE SEMINARY ADMISSIONS OFFICE REGARDING THIS APPLICANT?  YES  NO

**REQUIRED SIGNATURES AND INFORMATION (TO BE COMPLETED BY THE RECOMMENDER)**

SIGNATURE \_\_\_\_\_ NAME (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

INSTITUTION \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

**APPLICANT INFORMATION AND AUTHORIZATION (TO BE COMPLETED BY APPLICANT)**

LAST/FAMILY NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ MAIDEN/PREVIOUS NAME(S) \_\_\_\_\_

BIRTH DATE (M/D/Y) \_\_\_\_\_ U.S. SOCIAL SECURITY NUMBER (if applicable)    -   -

Please provide the information requested above, and take or mail this evaluation form to someone other than a relative. Urge the person to return this form to us immediately, since your application will not be processed until our office receives these evaluations. If the forms are to be returned from outside the United States, affix the required air mail postage.

I waive my rights to examine this evaluation.  I do not waive my rights to examine this evaluation.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RECOMMENDATION (TO BE COMPLETED BY RECOMMENDER)**

The above-named applicant is applying for entrance into the Seminary and requires a recommendation from you in order to process an application. If the applicant has checked above that he/she does not waive their right to examine this evaluation, he/she will have the right to examine it. Please return this form today in order to expedite the evaluation of this candidate's application. We will appreciate a confidential assessment from you concerning this applicant. Use your knowledge of the applicant as a guide in answering the questions. Thank you for your cooperation.

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_ IN WHAT CAPACITY? \_\_\_\_\_

**Please comment on the following items with respect to the applicant. (Use an additional sheet if necessary)**

SPIRITUALITY, CHARACTER AND INTEGRITY \_\_\_\_\_

QUALITY OF INTERPERSONAL RELATIONS, PERSONAL FAMILY LIFE \_\_\_\_\_

INTELLECTUAL CAPACITY \_\_\_\_\_

EMOTIONAL STABILITY AND OUTLOOK ON LIFE \_\_\_\_\_

LIFESTYLE AND HABITS \_\_\_\_\_

GIFTS AND STRENGTHS FOR MINISTRY, POTENTIAL FOR SUCCESS \_\_\_\_\_

WEAKNESSES OR RESERVATIONS REGARDING MINISTRY POTENTIAL \_\_\_\_\_

ORAL AND WRITTEN EXPRESSION IN ENGLISH \_\_\_\_\_

IF THIS PERSON IS ADMITTED, HOW MIGHT WE HELP HIM/HER MOST? \_\_\_\_\_

WOULD YOU PREFER TO TALK PERSONALLY WITH SOMEONE IN THE SEMINARY ADMISSIONS OFFICE REGARDING THIS APPLICANT?  YES  NO

**REQUIRED SIGNATURES AND INFORMATION (TO BE COMPLETED BY THE RECOMMENDER)**

SIGNATURE \_\_\_\_\_ NAME (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

INSTITUTION \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ANDREWS UNIVERSITY REQUEST FOR OFFICIAL TRANSCRIPT OF CREDITS

TO THE REGISTRAR AT:

NAME OF INSTITUTION \_\_\_\_\_

ADDRESS: STREET NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

I am applying to attend Andrews University. Please forward an official copy of my transcript to the address listed below showing all my classwork taken at your institution. Include the grades and credits for each class. I have included the appropriate transcript fee. If for any reason you cannot comply with this request, please inform me and the Graduate Admissions Office of Andrews University at the address listed below. NOTE: Please send the transcript in both the original language of your country and a literal translation into English if English is not the official language of your country.

GRADUATE ADMISSIONS OFFICE  
ANDREWS UNIVERSITY  
BERRIEN SPRINGS MI 49104-0620 USA

U.S. SOCIAL SECURITY NUMBER --

BIRTH DATE (M/D/Y) \_\_\_\_\_

NAME (Please print as appears on record) \_\_\_\_\_

HOME: STREET ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ANDREWS UNIVERSITY REQUEST FOR OFFICIAL TRANSCRIPT OF CREDITS

TO THE REGISTRAR AT:

NAME OF INSTITUTION \_\_\_\_\_

ADDRESS: STREET NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

I am applying to attend Andrews University. Please forward an official copy of my transcript to the address listed below showing all my classwork taken at your institution. Include the grades and credits for each class. I have included the appropriate transcript fee. If for any reason you cannot comply with this request, please inform me and the Graduate Admissions Office of Andrews University at the address listed below. NOTE: Please send the transcript in both the original language of your country and a literal translation into English if English is not the official language of your country.

GRADUATE ADMISSIONS OFFICE  
ANDREWS UNIVERSITY  
BERRIEN SPRINGS MI 49104-0620 USA

U.S. SOCIAL SECURITY NUMBER --

BIRTH DATE (M/D/Y) \_\_\_\_\_

NAME (Please print as appears on record) \_\_\_\_\_

HOME: STREET ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**RESEARCH PAPER**

Please include a research paper you have written with your application. It should be on a topic related to your proposed major area of concentration, and must have been written while you were studying for your master's degree. The purpose is to demonstrate to the admissions committee that you are able to carry out research work on a given subject and know how to present the results or conclusions of such work in acceptable written form, according to "Andrews University Standards of Written Work" and "Manual for Writers" by Kate L. Turabian, 6th edition.

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**APPLICANT INFORMATION**

DEGREE APPLYING FOR \_\_\_\_\_

TITLE OF RESEARCH PAPER SUBMITTED \_\_\_\_\_

SIGNATURE \_\_\_\_\_ NAME (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

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**EVALUATION INFORMATION**

The Sixteen Personality Factor Questionnaire (16PF) is a highly respected means of evaluating personality and is widely used in business and industry to select those applicants for employment who are best suited for particular occupations.

The Seminary has used the 16PF for many years to help assess how well suited students appear to be for the professional duties and responsibilities within ministry.

Some individuals who, in this way, have discovered that they were not well suited for pastoral ministry have found other satisfying avenues of ministry through the insights provided by their test results.

Completion and submission of the test is a required step in the application process, but the test results are not the sole basis for acceptance decisions.

Amount \_\_\_\_\_

Receipt \_\_\_\_\_

(For office use only)

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

There are three simple steps which you are asked to take in order to expedite the processing of your application.

- 1 Provide the information requested at the bottom of this form.
- 2 To cover the costs of testing, attach your payment of \$20.00 (U.S. Funds) to this sheet and return it to the Andrews University Graduate Admissions Office. Make your check payable to Andrews University. **NOTE:** You may include this amount with your \$40 application fee.
- 3 When you receive the personality evaluation, follow the directions carefully and return the completed test as instructed.

Your application for admission to the Seminary will only be processed to completion after your test responses have been received.

**ABOUT THE PROCEDURE**

After your application and testing fee have been received, a message will be sent to your email address with directions about how to take the test on the internet. Clear directions will be provided to assist you to complete the computerized test. When your completed test has been processed, a brief summary of your test results will be mailed to you.

**APPLICANT INFORMATION**

LAST/FAMILY NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

FULL MAILING ADDRESS \_\_\_\_\_

HOME TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

I don't have access to the internet. Please send the test to me on a diskette.  YES  NO

I authorize the Test Administrator to discuss my test results with the program director in order to expedite the processing of my application  YES  NO

My payment of \$20.00 (U.S. Funds) to cover the cost of the test processing is attached to this sheet  YES  NO

Please indicate the program to which you are applying: \_\_\_\_\_



Mail to: Student Health Service  
 Andrews University  
 Berrien Springs, MI 49104-0960, USA

Fax to: 269.473.6880  
 Phone: 269.473.2222

**PLEASE PRINT CLEARLY**

U.S. SOCIAL SECURITY NUMBER -- AU ID NUMBER (if known) \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME: STREET ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

BIRTH DATE MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

SEX  MALE  FEMALE

LEVEL  UNDERGRADUATE  GRADUATE

ANTICIPATED TERM OF ENROLLMENT:  FALL  SPRING  SUMMER YEAR \_\_\_\_\_

WHERE DO YOU PLAN TO LIVE?  DORM  UNIVERSITY APARTMENT  COMMUNITY

HAVE YOU ATTENDED ANDREWS BEFORE?  NO  YES: FROM MO/YR \_\_\_\_\_ TO MO/YR \_\_\_\_\_

**HEALTH CARE PROVIDER MUST COMPLETE: REQUIRED**

To protect your health, and to be in compliance with the Michigan Department of Public Health and the Advisory Council on Immunization Practices, Andrews University REQUIRES proof of vaccination or immunity to measles, mumps, and rubella, as well as evaluation for tuberculosis PRIOR to registration.

M.M.R.	TUBERCULOSIS (TB) SCREENING
Two doses required  DOSE 1: GIVEN AT AGE 12 MONTHS OR LATER M/D/Y ____/____/____  DOSE 2: GIVEN AT AGE 4-6 OR LATER M/D/Y ____/____/____  RUBEOLO (MEASLES) ANTIBODY TITER M/D/Y ____/____/____  RESULTS <input type="radio"/> IMMUNE <input type="radio"/> NON-IMMUNE	Required within 6 months prior to registration  TB SKIN TEST M/D/Y ____/____/____  RESULTS: <input type="radio"/> NEGATIVE <input type="radio"/> POSITIVE  MM OF IN DURATION _____ <input type="radio"/> UNKNOWN  BCG GIVEN: <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN
<b>CHEST X-RAY</b>  Required within one year only if TB skin test is positive  CHEST X-RAY DATE M/D/Y ____/____/____  CHEST X-RAY RESULTS <input type="radio"/> POSITIVE, EVIDENCE OF ACTIVE TB  <input type="radio"/> NEGATIVE <input type="radio"/> NEGATIVE, EVIDENCE OF INACTIVE TB	

**HEALTH CARE PROVIDER MUST COMPLETE: RECOMMENDED**

The following vaccinations are recommended. You should discuss these with your physician or other health care provider. Individual vaccination may be required as a prerequisite to clinical rotations (HEPATITIS B), or encouraged, if injured (TETANUS). This list does not include immunization that may be recommended only as a part of study or travel abroad.

<p><b>TETANUS-DIPHTHERIA</b></p> <p>Primary series with DTaP or DTP and booster at 4-6 year and every 10 years thereafter</p> <p>DOSE 1: M/D/Y ___/___/___      DOSE 2: M/D/Y ___/___/___</p> <p>DOSE 3: M/D/Y ___/___/___      DOSE 4: M/D/Y ___/___/___</p> <p>BOOSTER (WITHIN 10 YEARS) M/D/Y ___/___/___</p> <p><input type="radio"/> IMMUNIZATION LIKELY, NO RECORDS    <input type="radio"/> NOT IMMUNIZED</p>	<p><b>POLIO</b></p> <p>Primary series of 3 (oral) or 4 (injectable) doses plus a booster during childhood</p> <p>DOSE 1: M/D/Y ___/___/___      DOSE 2: M/D/Y ___/___/___</p> <p>DOSE 3: M/D/Y ___/___/___      DOSE 4: M/D/Y ___/___/___</p> <p>BOOSTER (WITHIN 10 YEARS) M/D/Y ___/___/___</p> <p><input type="radio"/> IMMUNIZATION LIKELY, NO RECORDS    <input type="radio"/> NOT IMMUNIZED</p>
<p><b>HEPATITIS B</b></p> <p>Three doses of vaccine or a positive Hepatitis B Surface Antibody (HBSAb)</p> <p>DOSE 1: M/D/Y ___/___/___      DOSE 2: M/D/Y ___/___/___</p> <p>DOSE 3: M/D/Y ___/___/___</p> <p>HEPATITIS B SURFACE ANTIBODY M/D/Y ___/___/___</p> <p>RESULTS    <input type="radio"/> IMMUNE    <input type="radio"/> NON-IMMUNE</p> <p><input type="radio"/> IMMUNIZATION LIKELY, NO RECORDS    <input type="radio"/> NOT IMMUNIZED</p>	<p><b>VARICELLA</b></p> <p>History of chickenpox, or a positive varicella antibody titer, or two doses of vaccine at least one month apart (if immunized after age 13) indicates immunity</p> <p>HISTORY OF DISEASE    <input type="radio"/> YES    <input type="radio"/> NO</p> <p>VACCINATION DOSE 1: M/D/Y ___/___/___</p> <p>*BOOSTER DOSE 2: M/D/Y ___/___/___</p> <p>*AT LEAST ONE MONTH AFTER 1ST DOSE IF GIVEN AFTER AGE 13</p> <p>VARICELLA ANTIBODY M/D/Y ___/___/___</p> <p>RESULTS    <input type="radio"/> IMMUNE    <input type="radio"/> NON-IMMUNE</p>
<p><b>MENINGOCOCCUS</b></p> <p>Recommended for freshman students, age 25 and below, living in a residence hall and for individuals with immunodeficiency or who have had a splenectomy</p> <p>VACCINATION M/D/Y ___/___/___</p> <p><input type="radio"/> IMMUNIZATION LIKELY, NO RECORDS    <input type="radio"/> NOT IMMUNIZED</p>	<p><b>INFLUENZA</b></p> <p>Annual immunization, in the late fall, recommended to avoid disruption to academic responsibilities and strongly recommended for those with diabetes, asthma, heart disease, and certain other chronic diseases.</p> <p>VACCINATION M/D/Y ___/___/___</p> <p><input type="radio"/> IMMUNIZATION LIKELY, NO RECORDS    <input type="radio"/> NOT IMMUNIZED</p>

**HEALTH CARE PROVIDER**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail to: Enrollment Management Andrews University Berrien Springs, MI 49104-0740, USA  Fax to: 269.471.2670  Phone: 269.471.6346  Email: undergraduate@andrews.edu	(FOR OFFICE USE ONLY) <input type="radio"/> SINGLE OCCUPANCY <input type="radio"/> DOUBLE OCCUPANCY  ID _____ DEPOSIT _____ ROOM # _____ MAILBOX # _____ PHONE # _____ ROOMMATE _____ CONFIRMATION LETTER SENT _____ 1ST CONTACT SENT BY MAIL _____ OR EMAIL _____ ROOM INFO SENT BY MAIL _____ OR EMAIL _____ PACKET SENT BY MAIL _____ OR EMAIL _____
---	--

**IMPORTANT INFORMATION ABOUT HOUSING, DEPOSIT PAYMENT, AND DEPOSIT REFUND—PLEASE READ CAREFULLY**

All single undergraduates under 22 years of age should plan on living in the residence hall, unless living full-time with parents in the community. Forms for community housing are available from the Student Services at 269.471.6686, and must be completed in person before financial registration can be completed.

Your residence hall application and a \$150.00 (U.S. funds) room deposit must be received before your room can be assigned. Once housing is assigned, the deposit is forfeited if you fail to move in for the semester specified or do not cancel before the session's deadline. Upon proper check-out, your deposit will be transferred back to your account. Before moving into the residence hall, you must be financially cleared to attend Andrew University. Please do this in Registration Central before the August 15 deadline.

The housing request indicates your willingness to accept all residence hall regulations. Read carefully and answer each question; write more if needed.

**NOTE: This application can also be completed electronically in Registration Central once you have been accepted to Andrews University.**

**PERSONAL DATA**

U.S. SOCIAL SECURITY NUMBER (if applicable)    -   -

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME: STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

TEMPORARY MAILING ADDRESS (if different than above) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TEMPORARY TELEPHONE \_\_\_\_\_ AT TEMPORARY ADDRESS FROM M/D/Y \_\_\_\_\_ TO M/D/Y \_\_\_\_\_

NAME OF LAST SCHOOL ATTENDED \_\_\_\_\_

SEX     MALE     FEMALE    AGE \_\_\_\_\_    BIRTH DATE: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

PLANNING TO LIVE IN RESIDENCE HALL FOR WHICH SEMESTERS? CHECK ALL THAT APPLY

SUMMER: YEAR & SESSION(S) \_\_\_\_\_     FALL: YEAR \_\_\_\_\_     SPRING: YEAR \_\_\_\_\_

ESTIMATED DATE OF ARRIVAL \_\_\_\_\_ ESTIMATED DATE OF DEPARTURE \_\_\_\_\_

CLASS STANDING     FIRST-TIME COLLEGE/FRESHMAN     SOPHOMORE     JUNIOR     SENIOR     GRADUATE

ANTICIPATED FIELD OF STUDY \_\_\_\_\_

**ABOUT YOUR HABITS**

Please mark all words or phrases that best complete each statement below, or write in your personal response:

I TRY TO KEEP MY ROOM     VERY CLEAN     CLEAN     REASONABLY ORDERLY     PICKED UP ONCE IN A WHILE

WHAT IS YOUR USUAL BEDTIME? \_\_\_\_\_ AND YOUR USUAL RISING TIME? \_\_\_\_\_

I AM A     HEAVY SLEEPER     LIGHT SLEEPER

IN MUSIC, I PREFER  ALL  ALTERNATIVE  CHRISTIAN/GOSPEL  CLASSICAL  COUNTRY  HIP-HOP/RAP  
 JAZZ  POPULAR  R&B  ROCK  OTHER \_\_\_\_\_

TYPE(S) OF MUSIC I STRONGLY DISLIKE \_\_\_\_\_

I ENJOY PLAYING MUSIC  ALL OF THE TIME  EXCEPT WHEN I'M STUDYING  EXCEPT WHEN I'M SLEEPING  NONE OF THE TIME

## ABOUT YOU

Please mark the word or words that best describe you. All are optional, but helpful.

LIFESTYLE ATTITUDES  CONSERVATIVE  LIBERAL  MODERATE  
 RELIGIOUS AFFILIATION  SDA  NONE  OTHER \_\_\_\_\_  
 RELIGIOUS ATTITUDE  STRONG FAITH  FAITH  INDIFFERENCE  
 ETHNIC BACKGROUND  ASIAN  BLACK  CAUCASIAN  HISPANIC  OTHER \_\_\_\_\_  
 STUDY HABITS  STUDIOUS  STUDY WHEN NEEDED  
 CONVERSATION STYLE  VERY TALKATIVE  ENJOY CHATTING  ON THE QUIET SIDE  
 PERSONAL INTERESTS  ATHLETICS/WORKING OUT  CRAFTS/DESIGN  FINE ARTS (MUSIC/ART)  MINISTRY/WITNESSING  
 NATURE (CAMPING/HIKING/ANIMALS)  READING/WRITING  VOLUNTEERING  OTHER \_\_\_\_\_

## ROOMMATE INFORMATION

Housing is based on double occupancy, but as space allows, exceptions are made for single occupancy. By requesting single housing, you indicate your willingness to pay the additional 75% single housing fee. Contact us for fee amount and any other questions.

ARE YOU REQUESTING SINGLE HOUSING?  YES  NO

IF SPACE ALLOWS, WOULD YOU BE INTERESTED IN LIVING ON A QUIET HALL (ONE DESIGNATED FOR EXCEPTIONAL QUIET)?  YES  NO

WOULD YOU PREFER TO ROOM WITH A PERSON HAVING A SIMILAR MAJOR?  YES  NO  INDIFFERENT

WOULD YOU BE INTERESTED IN LIVING WITH SOMEONE FROM OUTSIDE THE U.S.?  YES  NO  INDIFFERENT

WOULD YOU BE INTERESTED IN LIVING WITH SOMEONE OF A RELIGION OTHER THAN YOUR OWN?  YES  NO  INDIFFERENT

WOULD YOU BE OPPOSED TO LIVING WITH SOMEONE WHO HAD A TELEVISION?  YES  NO  INDIFFERENT

WILL YOU BRING A TV?  YES  NO

We don't always know who does or does not have a TV, but we'll do our best with the information we're given.

PLEASE TRY TO PLACE ME WITH SOMEONE FROM (NAME OF ACADEMY/HIGH SCHOOL): \_\_\_\_\_

ANY OTHER ROOMMATE ASSIGNMENT FACTORS YOU'D LIKE CONSIDERED: \_\_\_\_\_

## PROPOSED ROOMMATE INFORMATION

If you have already chosen a roommate, his/her application must be in and a room deposit paid or a new roommate will be assigned.

ROOMMATE'S NAME \_\_\_\_\_ ROOMMATE'S CLASS STANDING \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

DOES THIS PERSON PLAN TO LIVE WITH YOU?  YES  NO

Mail to: University Housing Office  
 500 Garland Avenue, Building G  
 Berrien Springs, MI 49104-0920, USA  
 Phone at: 269.471.6979  
 Email at: housing@andrews.edu  
 Online at: www.andrews.edu/housing

Although every effort will be made to find a place for you, this form does not guarantee housing accommodation.

Dates Accommodation Requested

From: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

To: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

To have your application processed, please submit with this application a \$320 application fee (\$270 for single students applying with a roommate) payable to Andrews University Housing. Three hundred dollars will be refunded if you cancel, in writing, four (4) weeks before your requested accommodation date. Upon occupancy, \$200 becomes your Security Deposit, \$100 is a non-refundable cleaning fee (\$50 each for roommates), and the remaining \$20 is a non-refundable processing fee. NOTE: Undergraduates must be at least 22 years of age to be eligible for single accommodations.

Please indicate your school of attendance:  GRADUATE SCHOOL  SEMINARY  UNDERGRADUATE SCHOOL

**PERSONAL INFORMATION**

LAST/FAMILY NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ BIRTH DATE (M/D/Y) \_\_\_\_\_

ANDREWS ID NUMBER \_\_\_\_\_ U.S. SOCIAL SECURITY NUMBER (if applicable)    -   -

HOME: STREET ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Please indicate whether you are applying for single student housing or student family housing. NOTE: Express written permission must be obtained from the Housing Manager for more than one person to occupy a single student apartment. When two singles are allowed to share an apartment there is an additional \$20 included in the rent. If you are planning to share your apartment with a roommate, you should apply at the same time for both applications must be received before an apartment can be assigned.

FAMILY  SINGLE  SINGLE (WITH ROOMMATE) NAME OF ROOMMATE (IF APPLICABLE) \_\_\_\_\_

If you have chosen to apply for student family housing please include the following information. If not, proceed to the next section.

NAME OF SPOUSE \_\_\_\_\_ ANDREWS ID NUMBER \_\_\_\_\_

WILL YOUR SPOUSE BE IN CONTINUOUS RESIDENCE WITH YOU?  YES  NO

Please provide the following information about the children who will be living with you:

NAME \_\_\_\_\_ BIRTH DATE (M/D/Y) \_\_\_\_\_  MALE  FEMALE

NAME \_\_\_\_\_ BIRTH DATE (M/D/Y) \_\_\_\_\_  MALE  FEMALE

NAME \_\_\_\_\_ BIRTH DATE (M/D/Y) \_\_\_\_\_  MALE  FEMALE

NAME \_\_\_\_\_ BIRTH DATE (M/D/Y) \_\_\_\_\_  MALE  FEMALE

**PERSONAL ASSETS**

DO YOU HAVE A PIANO/ORGAN?  YES  NO

DO YOU HAVE A FREEZER?  YES  NO

NOTE: Freezers and pianos/organs are allowed only on ground floors, and by previous arrangement. Please list below the major items of furniture you will bring with you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TYPE OF APARTMENT DESIRED**

Rental rates generally increase yearly and are effective as of June 1 of the current year. Monthly rent includes utilities, stove and refrigerator, and other furnishings as indicated in the Housing Handbook. One month's rent is required before possession. Please visit our website for approximate costs and information.

**SINGLE STUDENT:** Please signify your first and second choice. All apartments are furnished. Married students have first priority for one or two-bedroom apartments.  
**NOTE:** Co-habitation of opposite sex singles is illegal, according to Michigan Law.

- |   |  |
|---|--|
| <p>1 2</p> <p><input type="radio"/> <input type="radio"/> GARLAND EFFICIENCY</p> <p><input type="radio"/> <input type="radio"/> GARLAND ONE-BEDROOM</p> | <p>1 2</p> <p><input type="radio"/> <input type="radio"/> MAPLEWOOD ONE-BEDROOM WITH AIR-CONDITIONING</p> <p><input type="radio"/> <input type="radio"/> MAPLEWOOD TWO-BEDROOM WITH AIR-CONDITIONING</p> <p><input type="radio"/> <input type="radio"/> BEECHWOOD OR MAPLEWOOD TWO-BEDROOM WITHOUT AIR-CONDITIONING</p> <p>(Two bedroom apartments are for two same-sex singles to share, not rented to one person only)</p> |
|---|--|

**STUDENT FAMILY:** Please signify your first through fifth choice. **NOTE:** Express written permission must be obtained for other than student, spouse and legal dependents to occupy an apartment. Large families have priority for three and four bedroom apartments.

- |  |  |
|--|--|
| <p>1 2 3 4 5 <b>ONE-BEDROOM</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (FURNISHED)</p> <p>1 2 3 4 5 <b>ONE-BEDROOM WITH AIR-CONDITIONING</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (FURNISHED)</p> <p>1 2 3 4 5 <b>TWO-BEDROOM WITH AIR CONDITIONING</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (FURNISHED-ONE ONLY)</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (UNFURNISHED)</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (FURNISHED)</p> <p>1 2 3 4 5 <b>THREE-BEDROOM WITH AIR CONDITIONING</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (FURNISHED)</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (UNFURNISHED)</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (FURNISHED)</p> | <p>1 2 3 4 5 <b>TWO-BEDROOM</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> BEECHWOOD (UNFURNISHED)</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> BEECHWOOD (FURNISHED)</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (UNFURNISHED)</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (FURNISHED)</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (UNFURNISHED)</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (FURNISHED)</p> <p>1 2 3 4 5 <b>THREE-BEDROOM</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (UNFURNISHED-ONE ONLY)</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (FURNISHED)</p> <p>1 2 3 4 5 <b>FOUR-BEDROOM</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> BEECHWOOD (UNFURNISHED)</p> |
|--|--|

**CURRENT INFORMATION**

CURRENT LANDLORD'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PREVIOUS LANDLORD'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

- Please indicate your financial resources:     SELF-SPONSORED     GENERAL CONFERENCE/DIVISION SUBSIDY     LOCAL CONFERENCE SPONSORED
- GOVERNMENT LOANS/GRANTS     OTHER \_\_\_\_\_

**IMPORTANT INFORMATION**

It is agreed that University Housing shall not be liable to pay nor the applicant entitled to receive compensation for any damage, loss, inconvenience, nuisance or discomfort occasioned because an apartment is not available for whatever cause at or for the time requested. An assigned apartment will not be held for more than one month from the date the assignment letter is sent, or one week beyond the requested accommodation date, if other applicants are waiting. Before receiving an apartment applicants applying for single student housing must submit to the Housing Office (1) a copy of their birth certificate and (2) a copy of their academic acceptance letter. Those applying for student family housing must submit (1) a copy of their marriage certificate, (2) the birth certificate of each dependent child and (3) their academic acceptance letter. There is to be no overcrowding. Maximum of two (2) persons per bedroom, except for children less than 12 years of age. We apologize but we must insist: NO PETS, NO WATERBEDS. Please initial here to indicate that you have read and understood this information: \_\_\_\_\_

**APPLICATION AGREEMENT**

By signing this application, you verify that you have carefully read and completed the application to the best of your knowledge, and grant permission to University Housing to do credit and reference checks related to this application. If your application is denied, a refund check, minus the \$20 processing fee, will be issued after thirty days from the receipt of your \$320 application fee. **NOTE: Incomplete applications will be returned.** Please photocopy your completed application to retain for your future reference.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE OR ROOMMATE SIGNATURE (IF APPLICABLE) \_\_\_\_\_ DATE \_\_\_\_\_

**SUMMARY OF EDUCATIONAL EXPERIENCE—FOR THOSE WHO HAVE BEEN EDUCATED OUTSIDE OF THE UNITED STATES**

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

**INSTRUCTIONS—PLEASE READ CAREFULLY**

You must complete this form in full to be considered for admission. You must account for each year you were in school, beginning with your first year of secondary education to your most current year. If you were out of school for any length of time this must be noted. For each year we ask you to supply the following information in the terminology of your own country. Do not attempt to interpret or translate into American terms. Please use an additional sheet if necessary.

- 1) Please give the appropriate calendar years for each year you attended school (Example: 1998-1999; 1999-2000; 2000-2001; etc.).
- 2) Give you age for the time attending the indicated school (Example: Write "6" if you were six years old when you began primary school).
- 3) For each year of school, enter the name of the class or level you attended (Example: Grade 6, Form 4, Standard III, etc.).
- 4) List the type of school you attended (Examples: Gymnasium, Lycium, Secondary School, High School, Vocational School, College, University, etc.).
- 5) Write the full name of the school you attended.
- 6) Give the name of the city, town, or village and the country where each school you attended is located.
- 7) Name the language used in class by your teachers.
- 8) Write the name of any examination(s) you passed, certificate(s) you obtained, or degree(s) or diploma(s) you earned at the end of each school year (Examples: Arbitur, GCE: O or A Levels, High School Diploma, Licenciada, BA, etc.).

**EXAMPLES:**

Calendar Year to	Your Age	Year in School	Form, Grade, or Standard	Kind of School	Full Name of School	School Address (City and Country)	Language of Instruction	Certificates, Diplomas, and/or Degrees
1996-1997	17	12	Form IV	Secondary	Stanborough Park	Stanborough, England	English	6 GCE "O" Levels
2001-2002	22	16	Senior	University	Andrews University	Berrien Springs, Michigan; USA	English	B.A. English

Calendar Year to	Your Age	Year in School	Form, Grade, or Standard	Kind of School	Full Name of School	School Address (City and Country)	Language of Instruction	Certificates, Diplomas, and/or Degrees
		1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						



**PERSONAL INFORMATION**

**THIS FORM IS DUE BY JUNE 1**

(For office use only)

NAME OF APPLICANT \_\_\_\_\_

ID \_\_\_\_\_

BIRTHDATE (M/D/Y) \_\_\_\_\_ DEGREE APPLYING FOR \_\_\_\_\_

G \_\_\_\_\_

LEVEL OF STUDY APPLYING FOR     UNDERGRADUATE     DOCTORAL LEVEL     MASTER'S LEVEL     MASTER OF DIVINITY     ENGLISH LANGUAGE INSTITUTE

I AM PLANNING TO ATTEND FROM \_\_\_\_\_ 20 \_\_\_\_\_ TO \_\_\_\_\_ 20 \_\_\_\_\_

MARITAL STATUS     SINGLE     MARRIED    NUMBER OF CHILDREN DEPENDENT ON YOUR SUPPORT \_\_\_\_\_

CITIZENSHIP: COUNTRY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

VISA STATUS     STUDENT VISA F-1     EXCHANGE VISITOR VISA J-1     DEPENDENT J-2     REFUGEE VISA     OTHER \_\_\_\_\_

**EXPENSE FORM**

Please complete your annual budget by listing: 1) expenses for your first four years AND 2) all resources of funding. Be sure to account for all semesters, including summer if applicable. Refer to the enclosed cost sheet for costs or visit [www.andrews.edu/SF](http://www.andrews.edu/SF) for most current amounts. Remember to anticipate an estimated 5% increase in the cost each year you attend. Any sponsorships, scholarships or loans **require letter or documentation of proof**. NOTE: This form must be completed in full and submitted by August 1. Incomplete information or late forms might result in a delay of your financial acceptance.

1) EXPENSES	First Year	Second Year	Third Year	Fourth Year	2) RESOURCES (IN U.S. DOLLARS)	
Tuition & Fees					Personal and/or Family Funds <i>Attach proof of funds</i> - ie. Official Bank Statements/Documents	
Books & Supplies					General Conference/ Conference/Division Assistance	
Dorm & Meal Plan					Sponsorship/Scholarship <i>Attach official letter of sponsorship</i> - ie. Official Bank Statements/Documents MUST PAY FIRST SEMESTER IN FULL	
Off-Campus Housing					Government Loans <i>Attach proof of loan approval</i>	
Dependent Expenses					Other ( <i>Please specify</i> ) _____ _____	
Living Expenses						
Insurance						
Other _____						
<b>TOTAL</b>					<b>TOTAL</b>	

**IMPORTANT INFORMATION**

**Advance Deposit:** Applicants attending the main campus from outside the United States (except Canada and Mexico) **must make an advance deposit of \$2,000**. This deposit must be paid in cash. No university scholarships may be applied to pay the deposit.

**Deposit Allocation:** This deposit is not available to cover registration expenses; the deposit earns interest during the time the student is enrolled. The deposit plus interest is refunded when the student's enrollment is terminated; alternatively, it can be used as partial payment for the final semester of registration. International students do not get a discount on their deposit when the deposit is used to pay tuition costs. International student deposits that have not been refunded within four years after the student reaches non-current status shall be transferred from the student's international student deposit account to a quasi endowment account.

**Resource Verification:** Bank documentation as well as other forms of financial documentation are required to prove ability to support one's educational expenses. This documentation must be sent to the university directly from the bank. Sponsors in the USA will be required to send a bank statement. In addition, the applicant must demonstrate adequate financial support for the duration of the program for which (s)he is applying. **Documents may be faxed to the Int'l Coordinator at 269.471.6099.**

**I-20 Form:** Once the deposit and resource verification are received and accepted, the university authorizes the International Student Services Office to issue the I-20 Form for the purpose of securing a United States student visa.

**FINANCIAL RESPONSIBILITY: The following statement must be signed prior to acceptance.**

I understand that all basic charges for each semester of attendance at Andrews University are payable in full at the time of registration for that semester. I will be responsible for and do hereby agree to pay promptly all charges. I understand that the terms are cash at the time of registration or at such other times as approved by the University, and that if any charges remain unpaid thirty (30) days after I cease to be a student at the University, a carrying charge of one percent (1%) per month will be added to all unpaid balances on my account. The University holds a security interest in the nature of lien against my transcript and other documents of record until the account is cleared. I further agree to pay reasonable costs of collection including attorney's fees.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please turn sheet over to continue

**APPLICANT'S INFORMATION**

**NOTE:** If you are coming to Andrews University with your spouse and/or children you will also need to provide the following information for each of them on an additional sheet of paper: (1) Full Name (2) Date of Birth (M/D/Y) (3) Country of Birth.

COMPLETE POSTAL ADDRESS \_\_\_\_\_

HOME TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_

**FATHER'S INFORMATION**

FULL NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_

COMPLETE POSTAL ADDRESS \_\_\_\_\_

HOME TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_

**MOTHER'S INFORMATION**

FULL NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_

COMPLETE POSTAL ADDRESS \_\_\_\_\_

HOME TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_

**ADDITIONAL INFORMATION**

If you have relatives living in the U.S., please give the name, address, and phone number of each. If you do not have relatives in the U.S., please list a sponsor and a friend.

\_\_\_\_\_

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You may send your advance payment by check or bank draft to the following address (*make payable to Andrews University*):

Mail to: **Student Financial Services**  
**4150 Administration Dr**  
**Berrien Springs MI 49104-0750 USA**

**PLEASE NOTE:** If you want to **wire** your payment, please contact Student Financial Services at 269.471.3334 or 800.253.2874.

**Be sure to include student name and ID number on all types of payments. If sending several payments in one lump sum, please indicate the distribution of funds (i.e., \$2000 for deposit, \$200 for Room Deposit, etc.).**

**COMMITMENT OF PAYMENT—TO BE SIGNED BY GUARANTOR(S)**

For value received, I or we, the undersigned, do hereby jointly and severally unconditionally guarantee unto Andrews University the prompt payment, when due, including any extended due date, of all charges and costs incurred by the above named student at Andrews University. Notice of any extension of a due date is waived. The undersigned also waive notice of acceptance, notice of nonpayment, protest, and notice of protest, with respect to the obligation covered until written notice of its discontinuance is served upon Andrews University and after such notice it shall continue in force and effect as to any unpaid charges then owed to the University. The undersigned agree to pay reasonable costs of collection including attorney's fees.

SIGNATURE OF GUARANTOR (1) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF GUARANTOR (2) \_\_\_\_\_ DATE \_\_\_\_\_