
WELCOME

Thank you for your interest in the graduate school. Please read the following information regarding the forms contained in your application packet. Pay close attention to the detailed instruction on the next page about the requirements for the GRE/GMAT and the TOFEL/MELAB tests as well as information on specific requirements for certain degrees. If you have any further questions don't hesitate to contact us.

NOTE: This application is not to be used to apply for an MDiv or DMin program, or for any Physical Therapy program. Please contact the Office of Graduate Admissions for a separate application packet for these programs.

Application and \$40 Application Fee

The enclosed application must be completed entirely, printed in ink or typed, and signed by the applicant before beginning the admissions process. A \$40 application fee is required and should be submitted at the time of application. 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/Resume

This form allows the Admissions Committee to gain a clear idea of the applicant's goals and objectives, and see where his/her experience lies. Please follow the instructions carefully on both sides of the enclosed form.

Recommendation Forms

Two recommendation forms are required for most master's level applicants. Three recommendation forms are required for all students applying to the Theological Seminary, for those seeking an EdS degree, and for all doctoral degrees. These forms are to be completed on your behalf by individuals who know your academic qualities and work skills/abilities well and are not your family members. Possible references are teachers, employers or chaplains/pastors. One recommendation should be from an academic source. Recommendations should be sent in 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 each college/university 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 of applicants educated outside of the United States. Transcript request forms are provided for your convenience.

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

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.

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 admission process.

Estimated Budget Sheet

All applicants attending on a student visa (F-1 or J-1) must complete this enclosed form. 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 is granted, the I-20 or 2019 form will be sent to you.

Passport Identification Page—For students attending on a visa

A photocopy of the pages in your passport that include your name and other biographical information is required before your 1-20 can be issued. Please send this with your application.

Immunization Record

Although not required for acceptance to an Andrews University program, this form must be completed before a student can register for classes, and should be turned in as soon as possible. Students applying for off-campus programs (see list of Graduate Programs) do not need to submit this form. If you have any questions, please call the Student Health Nurse at 269.473.2222.

Residence Hall/Housing Applications

Applicants desiring on-campus housing should complete one of these forms. Residence Hall applications are for single students only. Non-Dormitory Housing applications are for those who are single and over 22 years old, married, or have families.

ADDITIONAL REQUIREMENTS FOR SPECIFIC DEGREES

If you are applying for one of the following degrees please read this information carefully and check in the pocket for additional forms or instructions regarding your application process:

MA: Communication Interdisciplinary Studies

Statement of Purpose, Portfolio, and Essay

This degree asks that you submit a Statement of Purpose, Portfolio, and an essay on a given topic at the time of application. Please read and follow the instructions found in the pocket.

MAPMin

Ordination Information

Please provide a copy of your ordination certificate if you have obtained one. *(Not required for admission)*

Recommendations

This degree requires general recommendations from the following individuals: a colleague in the Pastoral Ministry field, and a local church elder who knows your work. A separate recommendation form is included in the pocket for your Conference President or the Administrative Executive of your employing organization to fill out and return to us.

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.

MA: Religion, MA: Religious Education, MAYM, & MTh

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.

MS: Nursing and MS: Clinical Laboratory Science

Further Information

Please locate a sheet with instructions for additional admission requirements in the pocket.

ThD & PhD—Seminary

Research Paper

Please return one of your current research papers based on the requirements explained on the enclosed form.

Financial Statement

The Seminary requires this financial plan from all ThD and PhD applicants.

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.

EdD & PhD—Education

Research Paper

Please return one of your current research papers based on the requirements explained on the enclosed form. This requirement is optional for all doctorate education programs except for the Leadership programs.

INFORMATION ON REQUIRED TESTS

GRE/GMAT

The Graduate Record Examination (GRE) General Test is required of all applicants to a graduate degree program, except MBA applicants who must take the Graduate Management Admissions Test (GMAT) instead. Applicants to the MSA: Church Administration program have the option of taking either test. Applicants to graduate certificate programs, MAPMin and MAYM degrees do not have to take the GRE/GMAT. Individuals who have graduated from a non-accredited institution must have a GRE score of 900 on the verbal and quantitative sections combined. Official test scores must be sent directly to AU Graduate Admissions from the Educational Testing Service (ETS). The Andrews University ETS code is 1030. Scores from tests taken more than five years prior to admission are not accepted. GRE testing sites, dates and information are found at www.gre.org, or you may email gre-info@ets.org or call 609.771.7670. GMAT testing sites, dates and information are found at www.mba.com, or you may email gmat@ets.org or call 609.771.7670. You can also 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 the GRE or GMAT tests.

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 iBT TOEFL or 80 on the Michigan English Language Assessment Battery (MELAB) is required. Applicants to MA: English or Teaching English as a Second Language, MA: English, MAT: English or English as a Second Language, and MA: Interdisciplinary Communication must have higher scores of at least 600 on the paper-based TOEFL or 250 on the computer-based TOEFL or 100 on iBT TOEFL or 90 on the MELAB. 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, or you may email toefl@ets.org or call 609.771.7100. You can also 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.

ENGLISH PROFICIENCY REQUIREMENT

English is the language of instruction for most programs at Andrews University. All students whose first language is not English and who are applying for admission must demonstrate their English proficiency. Please see page 4 of the International Student Information brochure for a list criteria by which you can demonstrate English proficiency.

Mail to: Graduate Admissions, Andrews University Berrien Springs, Michigan 49104-0620, USA	Phone: 269.471.6321 Fax: 269.471.6246	Email: graduate@andrews.edu Web: www.andrews.edu/grad	(OFFICE USE ONLY) ID _____ G _____ Amount _____ Receipt _____
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); please include with 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

WHICH DEGREE ARE YOU APPLYING FOR? (Please also note specific Program and Concentration/Emphasis below)

MA
 MS
 MArch
 MAPMin
 MAT
 MAYM
 MBA
 MMus
 MSA
 MSCLS
 MSW
 MTh
 EdS
 EdD
 PhD
 ThD
 GRADUATE CERTIFICATE

PROGRAM _____ CONCENTRATION/EMPHASIS _____

OFF-CAMPUS PROGRAM SITE (if applicable) _____

ANTICIPATED TERM OF ENROLLMENT
 SUMMER (MAY/JUNE) 20 _____
 AUTUMN (AUG) 20 _____
 SPRING (JAN) 20 _____

SEX MALE FEMALE BIRTH DATE: M/D/Y _____ COUNTRY OF BIRTH _____

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

CITIZENSHIP: COUNTRY AND STATE/PROVINCE _____

FOR NON-U.S. CITIZENS ONLY: ARE YOU PERMANENT RESIDENT OF UNITED STATES?

YES: STATE _____ ALIEN CARD#

NO: CIRCLE ONE
 STUDENT VISA F-1
 VISITORS VISA B-2
 DEPENDENT F-2
 DEPENDENT J-2
 EXCHANGE VISITOR
 J-1 SPONSORED
 REFUGEE VISA

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

HAVE YOU EVER BEEN SUSPENDED OR DISMISSED FROM HIGH SCHOOL OR COLLEGE? NO YES: DATE AND NATURE OF OFFENSE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO YES: DATE AND NATURE OF OFFENSE _____

TEST INFORMATION

I HAVE TAKEN OR PLAN TO TAKE THE:

GRE GMAT during: MONTH _____ YEAR _____

TOEFL MELAB during: MONTH _____ YEAR _____

EDUCATIONAL HISTORY

HAVE YOU PREVIOUSLY ATTENDED ANDREWS UNIVERSITY OR ONE OF OUR COLLEGE OR UNIVERSITY AFFILIATES? (Visit www.andrews.edu for a list of our affiliates)

NO YES: ATTENDED FROM MO/YR _____ TO MO/YR _____ DEGREE RECEIVED AND DATE _____ ANDREWS ID NUMBER _____

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

<p>1) Name of Institution _____</p> <p>Attended From (MO/YR): _____ To (MO/YR): _____</p> <p>City, State, Country _____</p> <p>Degree and Major Completed _____</p> <p>Actual Date of Completion _____</p>	<p>4) Name of Institution _____</p> <p>Attended From (MO/YR): _____ To (MO/YR): _____</p> <p>City, State, Country _____</p> <p>Degree and Major Completed _____</p> <p>Actual Date of Completion _____</p>
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<p>2) Name of Institution _____</p> <p>Attended From (MO/YR): _____ To (MO/YR): _____</p> <p>City, State, Country _____</p> <p>Degree and Major Completed _____</p> <p>Actual Date of Completion _____</p>	<p>5) Name of Institution _____</p> <p>Attended From (MO/YR): _____ To (MO/YR): _____</p> <p>City, State, Country _____</p> <p>Degree and Major Completed _____</p> <p>Actual Date of Completion _____</p>
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<p>3) Name of Institution _____</p> <p>Attended From (MO/YR): _____ To (MO/YR): _____</p> <p>City, State, Country _____</p> <p>Degree and Major Completed _____</p> <p>Actual Date of Completion _____</p>	<p>6) Name of Institution _____</p> <p>Attended From (MO/YR): _____ To (MO/YR): _____</p> <p>City, State, Country _____</p> <p>Degree and Major Completed _____</p> <p>Actual Date of Completion _____</p>
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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 only respond 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.

PLEASE READ AND SIGN: The information I have provided is complete and accurate, and I understand that 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 _____

(OFFICE USE ONLY)			
In-process Entry Date _____	By _____	Housing Application Sent _____	By _____
Financial Statement Sent _____	By _____	Medical Forms Sent _____	By _____

STATEMENT OF PURPOSE

Type or print a statement of approximately 500 words (master's level applicants), 600 words (doctoral level applicants), or 350 words (MAPMin or MAYM applicants). List your objectives for seeking the degree to which you are applying. 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). **MA Communication applicants: Please refer to the directions on the additional form.**

SIGNATURE _____ DATE _____

PRINT NAME _____ BIRTH DATE (M/D/Y) _____

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

PROFESSIONAL HISTORY

Please include positions or jobs held during the last ten years. If you prefer, you may submit your current resume. MSW applicants **must** submit a 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 professional or previous studies. This includes any published books or articles. Use an additional sheet if necessary.

SIGNATURE _____ DATE _____

PRINT NAME _____

ANDREWS UNIVERSITY GENERAL RECOMMENDATION FORM

APPLICANT INFORMATION AND AUTHORIZATION—TO BE COMPLETED BY APPLICANT

FULL NAME _____

DEGREE PROGRAM FOR WHICH YOU ARE APPLYING _____

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 a person who knows you well. At least one form should be filled out by a college teacher in your proposed area of specialization, and another by a work/field practicum supervisor or a minister of religion. Urge them to return these forms 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. **NOTE: Please do not request relatives to submit recommendation forms. If you are applying for a MAPMin degree, please find the recommendation form for the Conference President or Administrative Executive of your employing organization in the pocket.**

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 graduate school and considers you to be in a position to evaluate his/her ability to successfully pursue a graduate program. If the applicant has checked above that he/she does not waive his/her 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 rate the applicant on each characteristic as compared to other students at the same level by filling in the appropriate circle.

CHARACTERISTICS	SUPERIOR	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN
MOTIVATION FOR GRADUATE WORK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTELLECTUAL ABILITY FOR GRADUATE WORK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BREADTH OF GENERAL KNOWLEDGE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UNDERSTANDING OF MAJOR FIELD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ABILITY TO ANALYZE IDEAS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ETHICAL STANDARDS AND INTEGRITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTERPERSONAL RELATIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PROFESSIONALISM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ORGANIZATIONAL ABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEADERSHIP ABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DEPENDABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EMOTIONAL STABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PROMISE IN RESEARCH/SCHOLARSHIP/ENDEAVOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
POTENTIAL FOR SERVICE IN CHOSEN FIELD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, how do you rate this applicant as a candidate for a graduate program at Andrews University?

HIGHLY RECOMMEND RECOMMEND RECOMMEND WITH RESERVATION DO NOT RECOMMEND

For applicants whose first language is not English, please provide your evaluation of the applicant's proficiency in the use of English: _____

ON A SEPARATE SHEET OF PAPER: Please provide your candid assessment of the applicant's strengths and weaknesses. In your opinion, does the applicant possess the intellectual and personal qualifications necessary for success in graduate work? What do you think is the applicant's potential for a successful career in the field? How might we help this applicant become successful?

SIGNATURE _____ NAME (PLEASE PRINT) _____ DATE _____

INSTITUTION _____ POSITION _____ PHONE NUMBER (_____) _____

MAILING ADDRESS _____

ANDREWS UNIVERSITY GENERAL RECOMMENDATION FORM

APPLICANT INFORMATION AND AUTHORIZATION—TO BE COMPLETED BY APPLICANT

FULL NAME _____

DEGREE PROGRAM FOR WHICH YOU ARE APPLYING _____

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 a person who knows you well. At least one form should be filled out by a college teacher in your proposed area of specialization, and another by a work/field practicum supervisor or a minister of religion. Urge them to return these forms 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. **NOTE: Please do not request relatives to submit recommendation forms. If you are applying for a MAPMin degree, please find the recommendation form for the Conference President or Administrative Executive of your employing organization in the pocket.**

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

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HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ IN WHAT CAPACITY? _____

Please rate the applicant on each characteristic as compared to other students at the same level by filling in the appropriate circle.

CHARACTERISTICS	SUPERIOR	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN
MOTIVATION FOR GRADUATE WORK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTELLECTUAL ABILITY FOR GRADUATE WORK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BREADTH OF GENERAL KNOWLEDGE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UNDERSTANDING OF MAJOR FIELD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ABILITY TO ANALYZE IDEAS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ETHICAL STANDARDS AND INTEGRITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTERPERSONAL RELATIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PROFESSIONALISM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ORGANIZATIONAL ABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEADERSHIP ABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DEPENDABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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PROMISE IN RESEARCH/SCHOLARSHIP/ENDEAVOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
POTENTIAL FOR SERVICE IN CHOSEN FIELD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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MAILING ADDRESS _____

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BIRTH DATE (M/D/Y) _____ U.S. SOCIAL SECURITY NUMBER - -

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INTELLECTUAL ABILITY FOR GRADUATE WORK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BREADTH OF GENERAL KNOWLEDGE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UNDERSTANDING OF MAJOR FIELD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ABILITY TO ANALYZE IDEAS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ETHICAL STANDARDS AND INTEGRITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTERPERSONAL RELATIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PROFESSIONALISM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ORGANIZATIONAL ABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEADERSHIP ABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DEPENDABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EMOTIONAL STABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PROMISE IN RESEARCH/SCHOLARSHIP/ENDEAVOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
POTENTIAL FOR SERVICE IN CHOSEN FIELD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, how do you rate this applicant as a candidate for a graduate program at Andrews University?

HIGHLY RECOMMEND RECOMMEND RECOMMEND WITH RESERVATION DO NOT RECOMMEND

For applicants whose first language is not English, please provide your evaluation of the applicant's proficiency in the use of English: _____

ON A SEPARATE SHEET OF PAPER: Please provide your candid assessment of the applicant's strengths and weaknesses. In your opinion, does the applicant possess the intellectual and personal qualifications necessary for success in graduate work? What do you think is the applicant's potential for a successful career in the field? How might we help this applicant become successful?

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 making application 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 ADDRESS: STREET NAME _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

SIGNATURE _____ DATE _____

ANDREWS UNIVERSITY REQUEST FOR OFFICIAL TRANSCRIPT OF CREDITS

TO THE REGISTRAR AT:

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ADDRESS: STREET NAME _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

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**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 ADDRESS: STREET NAME _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

SIGNATURE _____ DATE _____

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	Required within 6 months prior to registration
DOSE 1: GIVEN AT AGE 12 MONTHS OR LATER M/D/Y ____/____/____	TB SKIN TEST M/D/Y ____/____/____
DOSE 2: GIVEN AT AGE 4-6 OR LATER M/D/Y ____/____/____	RESULTS: <input type="radio"/> NEGATIVE <input type="radio"/> POSITIVE
RUBEOLA (MEASLES) ANTIBODY TITER M/D/Y ____/____/____	MM OF IN DURATION _____ <input type="radio"/> UNKNOWN
RESULTS <input type="radio"/> IMMUNE <input type="radio"/> NON-IMMUNE	BCG GIVEN: <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNKNOWN
CHEST X-RAY	
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>TETANUS-DIPHTHERIA</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>POLIO</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>HEPATITIS 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>VARICELLA</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>MENINGOCOCCUS</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>INFLUENZA</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 recieved 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
 <input type="radio"/> <input type="radio"/> GARLAND EFFICIENCY
 <input type="radio"/> <input type="radio"/> GARLAND ONE-BEDROOM</p> | <p>1 2
 <input type="radio"/> <input type="radio"/> MAPLEWOOD ONE-BEDROOM WITH AIR-CONDITIONING
 <input type="radio"/> <input type="radio"/> BEECHWOOD OR MAPLEWOOD TWO-BEDROOM WITHOUT AIR-CONDITIONING
 (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 ONE-BEDROOM
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (FURNISHED)</p> <p>1 2 3 4 5 ONE-BEDROOM WITH AIR-CONDITIONING
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (FURNISHED)</p> <p>1 2 3 4 5 TWO-BEDROOM WITH AIR CONDITIONING
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (FURNISHED-ONE ONLY)
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (UNFURNISHED)
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (FURNISHED)</p> <p>1 2 3 4 5 THREE-BEDROOM WITH AIR CONDITIONING
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (FURNISHED)
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (UNFURNISHED)
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (FURNISHED)</p> | <p>1 2 3 4 5 TWO-BEDROOM
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> BEECHWOOD (UNFURNISHED)
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> BEECHWOOD (FURNISHED)
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (UNFURNISHED)
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (FURNISHED)
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (UNFURNISHED)
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> MAPLEWOOD (FURNISHED)</p> <p>1 2 3 4 5 THREE-BEDROOM
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (UNFURNISHED-ONE ONLY)
 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> GARLAND (FURNISHED)</p> <p>1 2 3 4 5 FOUR-BEDROOM
 <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 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 _____						
TOTAL					TOTAL	

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.

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 _____

APPLICANTS WHO HOLD DEGREES OR HAVE CREDITS FROM A COLLEGE OR UNIVERSITY INSIDE THE UNITED STATES

➤ Please submit with your application a copy of your United States national professional certification and/or licensure as a Clinical Laboratory Scientist (Medical Technologist). Certification may be either general or in one of the recognized areas of specialization. Acceptable certification is from the American Society for Clinical Pathology (ASCP) or the National Certification Agency for Medical Laboratory Personnel (NCA) sponsored by the American Society for Clinical Laboratory Science (ASCLS).

➤ Those not currently certified, as defined above, may be admitted on a provisional basis to the MSCLS degree program while pursuing coursework to prepare for the certification exams OR may complete the undergraduate CLS certification program first before being eligible to be admitted into the MSCLS program. Please see the exact details of these options in the MSCLS program brochure.

APPLICANTS WHO HOLD DEGREES OR HAVE CREDITS FROM A COLLEGE OR UNIVERSITY OUTSIDE THE UNITED STATES

These individuals must have their educational credentials evaluated by an independent evaluation service before they may be considered for acceptance. The subsequent report is required as part of their application to the MSCLS program. A recommended evaluation service is: **Educational Credential Evaluator (ECE), Inc.**

ADDRESS: P.O. Box 514070
Milwaukee, WI 53203-3470, USA
PHONE: (414) 289-3400
FAX: (414) 289-3411
WEBSITE: <http://www.ece.org>
EMAIL: eval@ece.org

If you are an international applicant, an application for ECE's services should be enclosed in this application packet for your convenience. If not, you can contact the Andrews University Graduate Admissions Office to mail you the CES application OR you can download the most current application from the Educational Credential Evaluator website indicated above. Check the General report and next to it write: **for the Andrews University MSCLS program**. Please request for an evaluation report to be sent to AU Graduate Admissions:

Andrews University
Graduate Admissions
Berrien Springs, MI 49104-0620, USA

Besides the documents that ECE requires, please be reminded that the AU Graduate Admissions office also requires official transcripts, copies of diplomas, and any copies of examination reports or secondary school certificates (i.e. "O" and "A" level certificates).

NOTE: Please refer to the MSCLS program brochure as a guide to help you evaluate the program and to use for preliminary planning. A complete list of prerequisites and admissions requirements is listed in the brochure, and Andrews University bulletin. You will also find information posted on the web at: <http://www.andrews.edu/ALHE>.

FOR MORE INFORMATION

PHONE: (269) 471-6321 Graduate Admissions Office
PHONE: (269) 471-3310 International Student Services
PHONE: (269) 471-3336 Department of Clinical and Laboratory Sciences
FAX: (269) 471-6218 Department of Clinical and Laboratory Sciences
WEBSITE: <http://www.andrews.edu/CLS>

If you have any question, please write or call us.

ADDRESS: Richard D. Show
Graduate Program (MSCLS) Coordinator
Department of Clinical and Laboratory Sciences
Andrews University
Berrien Springs, MI 49104, USA
PHONE: (269) 471-6043
FAX: (269) 471-6218
EMAIL: rshow@andrews.edu