
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 information located on the next page about specific requirements for certain degrees. If you have any further questions don't hesitate to contact us. **NOTE: The following individuals should not use this application packet:**

- › Non-U.S. Residents
- › Students applying for an MDiv or DMin program
- › Students applying for any Physical Therapy program

Please contact the Office of Graduate Admissions for a separate application packet if you fall into any of these categories.

Application and \$40 Application Fee

Applications must be completed entirely, printed in ink or typed, and signed before the admissions process can begin. This form is enclosed. A \$40 application fee is required and should be submitted at the time of application. We accept cash, credit card, check or money order. Make checks or money orders payable to Andrews University.

Statement of Purpose and Professional History

This form allows the Admissions Committee to understand your goals and objectives and determine where your 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. 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 United States. 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.

Immunization Record

Although not required for acceptance to an Andrews University program, this form must be completed before registering for classes, and should be turned in as soon as possible. Students applying for off-campus programs do not need to turn this form in. If you have any questions, please call the Student Health Nurse at (269) 473-2222.

Residence Hall/Housing Applications (optional)

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

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: Engineering Management or MSA: Church Administration programs have the option of taking either test. Applicants to graduate certificate programs, or degrees in MAPMin and MAYM 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 email gre-info@ets.org or call (609) 771-7670. GMAT testing sites, dates and information are found at www.mba.com or email gmata@ets.org or call (609) 771-7670.

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 or medium of instruction, you are required to take the TOEFL or the MELAB. Please contact the AU Graduate Admissions office for further information.

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: Interdisciplinary Studies—Communication

Statement of Purpose

This degree asks that you return a more extensive outline of your goals. Please follow the instructions found in the pocket.

MAPMin

Ordination Information

Please provide a copy of your ordination certificate if you have obtained one.

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.

MAYM

16 PF Psychological Evaluation and \$20 Test Fee

Please read and follow the instructions on the enclosed form and remember to include the required fee for this procedure. Return the test promptly.

MS: Nursing and MS: Clinical Laboratory Science

Further Information

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

MSW

Statement of Purpose & Professional Experience

This degree asks that you return a more extensive outline of your goals. It also requires a professional resume with specific items. Please follow the instructions found in the pocket.

MSW Program Form

Please indicate your desired program and emphasis.

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.

EdD & PhD—Education

Research Paper (optional)

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

Mail to: **Graduate Admissions**
Andrews University
Berrien Springs, MI 49104-0620, USA
 Phone at: 269.471.6321
 Fax to: 269.471.6246
 Email at: graduate@andrews.edu
 Online at: 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 _____

(For office use only)

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)

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 (_____) _____ FAX 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?

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

MAJOR _____ CONCENTRATION _____

OFF-CAMPUS PROGRAM SITE _____

BEGINNING SEMESTER AND YEAR SUMMER (MAY/JUNE) 20 _____ AUTUMN (AUG) 20 _____ SPRING (JAN) 20 _____

TEST INFORMATION

I HAVE TAKEN OR PLAN TO TAKE THE:

- GRE GMAT during: MONTH _____ YEAR _____
- 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 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.

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—CHOOSE ONE:

- STUDENT VISA F-1 EXCHANGE VISITOR VISA J-1 DEPENDENT J-2 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

HOUSING INFORMATION RESIDENCE HALL (DORM) UNIVERSITY APARTMENTS COMMUNITY EXTENSION CAMPUS _____

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 our website: <http://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 _____

APPLICANT INFORMATION

FULL NAME _____ DATE _____

FULL MAILING ADDRESS _____

HOME TELEPHONE (_____) _____ FAX NUMBER (_____) _____

EMAIL _____

PROGRAM INFORMATION

I am applying for:

- ADVANCED ONE-YEAR PROGRAM
(must have BSW and 3.2 GPA)
- ADVANCED TWO-YEAR PROGRAM (part-time)
(must have BSW and 2.6 GPA)
- REGULAR TWO-YEAR PROGRAM
- REGULAR THREE-YEAR PROGRAM (part-time)

With an emphasis in:

- ADMINISTRATION & DEVELOPMENT
 - THERAPEUTIC COUNSELING
-

PROFESSIONAL STATEMENT

Using the following headings, briefly respond to these questions while not exceeding 2-3 typed, double-spaced pages.

- What social, emotional, and spiritual resources do you have that will support you through the graduate school work program?
- How are 21st Century practice challenges, such as technology and working with diverse populations, compatible with your own personal mission and goals?
 - Have you taken a class in computer skills or have expertise in computer usage?
- There are many 21st Century professional challenges including at-risk and diverse populations, managed care, accountability, social justice, technology, and global interventions. Which of these challenges would you most like to tackle?
- Andrews University Department of Social Work is "preparing individuals for excellence during a lifetime of professional service and Christian compassion in action." How consistent and congruent is this unique mission with your own personal mission?
 - What past experiences, personal hardships or problems have you resolved?
 - How have you addressed these experiences so they will not interfere with your performance as a professional social worker?

PROFESSIONAL RESUME

Your professional resume should include the following information:

Name
Address
Phone number(s)
Email Address
Educational Background
Work Experience
Volunteer/Civic activities
Professional memberships
Professional presentations/papers
Honors/awards

STATEMENT OF PURPOSE

Type or print a statement of approximately 500 words (master's level applicants), 600 words (doctorate 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).

SIGNATURE _____ DATE _____

PRINT NAME _____

U.S. SOCIAL SECURITY NUMBER --

BIRTH DATE (M/D/Y) _____

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 - -

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 _____

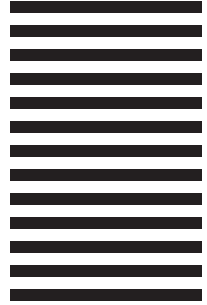


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 21 BERRIEN SPRINGS, MI

POSTAGE WILL BE PAID BY ADDRESSEE

**Graduate Admissions
Andrews University
100 US Highway 31
Berrien Springs MI 49103-9900**



PLEASE FOLD THIS WITH YOUR ADDITIONAL SHEET (IF APPLICABLE) INSIDE AND THE UNIVERSITY ADDRESS ON THE OUTSIDE.
TAPE OR STAPLE THE EDGES TOGETHER AND RETURN IT TO THE GRADUATE ADMISSIONS OFFICE AT ANDREWS UNIVERSITY.

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 - -

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 _____

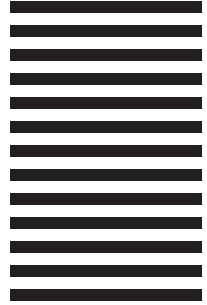


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 21 BERRIEN SPRINGS, MI

POSTAGE WILL BE PAID BY ADDRESSEE

**Graduate Admissions
Andrews University
100 US Highway 31
Berrien Springs MI 49103-9900**



PLEASE FOLD THIS WITH YOUR ADDITIONAL SHEET (IF APPLICABLE) INSIDE AND THE UNIVERSITY ADDRESS ON THE OUTSIDE.
TAPE OR STAPLE THE EDGES TOGETHER AND RETURN IT TO THE GRADUATE ADMISSIONS OFFICE AT ANDREWS UNIVERSITY.

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 - -

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 _____

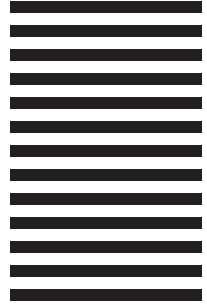


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 21 BERRIEN SPRINGS, MI

POSTAGE WILL BE PAID BY ADDRESSEE

**Graduate Admissions
Andrews University
100 US Highway 31
Berrien Springs MI 49103-9900**



PLEASE FOLD THIS WITH YOUR ADDITIONAL SHEET (IF APPLICABLE) INSIDE AND THE UNIVERSITY ADDRESS ON THE OUTSIDE.
TAPE OR STAPLE THE EDGES TOGETHER AND RETURN IT TO THE GRADUATE ADMISSIONS OFFICE AT ANDREWS UNIVERSITY.

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 _____

Mail to: Student Health Service
 Andrews University
 Berrien Springs, MI 49104-0340, 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? *YES NO *IF YES, WHEN: 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 MO ____ YR ____	TB SKIN TEST MO ____ YR ____
DOSE 2: GIVEN AT AGE 4-6 OR LATER MO ____ YR ____	RESULTS: <input type="radio"/> NEGATIVE <input type="radio"/> POSITIVE
RUBEOLA (MEASLES) ANTIBODY TITER MO ____ YR ____	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 MO ____ YR ____	
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: MO ____ YR ____ DOSE 2: MO ____ YR ____</p> <p>DOSE 3: MO ____ YR ____ DOSE 4: MO ____ YR ____</p> <p>BOOSTER (WITHIN 10 YEARS) MO ____ YR ____</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: MO ____ YR ____ DOSE 2: MO ____ YR ____</p> <p>DOSE 3: MO ____ YR ____ DOSE 4: MO ____ YR ____</p> <p>BOOSTER (WITHIN 10 YEARS) MO ____ YR ____</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: MO ____ YR ____ DOSE 2: MO ____ YR ____</p> <p>DOSE 3: MO ____ YR ____</p> <p>HEPATITIS B SURFACE ANTIBODY MO ____ YR ____</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: MO ____ YR ____</p> <p>*BOOSTER DOSE 2: MO ____ YR ____</p> <p>*AT LEAST ONE MONTH AFTER 1ST DOSE IF GIVEN AFTER AGE 13</p> <p>VARICELLA ANTIBODY MO ____ YR ____</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 MO ____ YR ____</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 MO ____ YR ____</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 _____

MEN

Mail to: Meier/Burman Hall
 Attn: Housing Dean
 Andrews University
 Berrien Springs, MI
 49104-0900, USA
 Fax to: 269.471.3671
 Email: meierburmanhousing@andrews.edu

WOMEN

Mail to: Lamson Hall
 Attn: Housing Dean
 Andrews University
 Berrien Springs, MI
 49104-1200, USA
 Fax to: 269.471.3683
 Email: lamsonhallhousing@andrews.edu

FOR OFFICE USE ONLY

SINGLE OCCUPANCY DOUBLE OCCUPANCY

ID _____ DEPOSIT _____

ROOM # _____ MAILBOX # _____ PHONE # _____

ROOMMATE _____

ROOMMATE CONFIRMATION LETTER SENT _____

_____ SENT _____

_____ SENT _____

_____ SENT _____

IMPORTANT INFORMATION ABOUT HOUSING, DEPOSIT PAYMENT, AND DEPOSIT REFUND. (PLEASE READ CAREFULLY)

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

All single graduates under 22 years of age should plan on living in the residence hall. Petitions for off-campus housing should be addressed to the Office of Student Services, and must be approved before your arrival.

A \$100.00 (U.S. funds) room deposit is required before a room can be reserved. Make the check out to Andrews University (clearly marked "Room Deposit") and send it to **Student Financial Services, Andrews University, Berrien Springs, MI 49104-0750**. Upon proper check-out, your deposit will be transferred to your account. Once housing is assigned/reserved, the deposit is forfeited if you fail to move in for the semester specified or do not cancel before that session's deadline. For more information contact the housing dean.

PERSONAL DATA

U.S. SOCIAL SECURITY NUMBER --

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 _____

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

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

WHAT IS YOUR USUAL BEDTIME? _____ AND YOUR USUAL RISING TIME? _____

I AM A HEAVY SLEEPER LIGHT SLEEPER

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

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 50% 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.

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: 269.471.6979
 Email: housing@andrews.edu
 Web: 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

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

ANDREWS ID NUMBER _____ U.S. SOCIAL SECURITY NUMBER* - -

*IF YOU ARE A CANADIAN RESIDENT PLEASE INDICATE YOUR CANADIAN SOCIAL INSURANCE NUMBER HERE - -

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"/> 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</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 ONE-BEDROOM WITH AIR CONDITIONING</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 TWO-BEDROOM WITH AIR CONDITIONING</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 THREE-BEDROOM WITH AIR CONDITIONING</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 TWO-BEDROOM</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 THREE-BEDROOM</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 FOUR-BEDROOM</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 _____