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## 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/programs. 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.

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### 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/Resume

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. 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 (see list of Graduate 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. A list of local landlords and realtors is also available upon request.

### 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, or degrees in MAPMin and MAYM do not have to take the GRE or the 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](http://www.gre.org) or email [gre-info@ets.org](mailto:gre-info@ets.org) or call 609.771.7670. GMAT testing sites, dates and information are found at [www.mba.com](http://www.mba.com) or email [gmata@ets.org](mailto: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 a high school or 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.

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**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.

Mail to: <b>Graduate Admissions, Andrews University</b> 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)
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.			ID _____ G _____ Amount _____ Receipt _____

**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](http://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><b>1) Name of Institution</b> _____</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><b>4) Name of Institution</b> _____</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><b>2) Name of Institution</b> _____</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><b>5) Name of Institution</b> _____</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><b>3) Name of Institution</b> _____</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><b>6) Name of Institution</b> _____</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 \_\_\_\_\_ Residence Hall App. Sent \_\_\_\_\_ By \_\_\_\_\_

Housing Application Sent \_\_\_\_\_ By \_\_\_\_\_ Medical Forms Sent \_\_\_\_\_ By \_\_\_\_\_

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**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.**

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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.

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

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

**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**

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 \_\_\_\_\_

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

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

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

Please provide the information requested above, and take or mail this evaluation form to your Conference President, or the Administrative Executive of your employing organization. Urge them to return this form to us immediately, since your application will not be processed until our office receives these evaluations. If the forms are to be returned from outside the United States, affix the required air mail postage.

I waive my rights to examine this evaluation.

I do not waive my rights to examine this evaluation.

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

**RECOMMENDATION (TO BE COMPLETED BY THE APPLICANT'S CONFERENCE PRESIDENT OR ADMINISTRATIVE EXECUTIVE)**

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

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

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

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

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

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

EMOTIONAL STABILITY \_\_\_\_\_

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

APPLICANT'S STRENGTHS AND WEAKNESSES \_\_\_\_\_

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

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

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

DO YOU KNOW OF ANY REASON WHY THIS APPLICANT COULD NOT BE EMPLOYED AS A SEVENTH-DAY ADVENTIST MINISTER? \_\_\_\_\_

THE APPLICANT WILL BE OFFICIALLY SPONSORED FOR THE MAPMin DEGREE PROGRAM BY THIS CONFERENCE/INSTITUTION  YES  NO

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

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

**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:**

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 \_\_\_\_\_

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

**HEALTH CARE PROVIDER**

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

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

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

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

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

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

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

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

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

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

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

**PERSONAL DATA**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ABOUT YOUR HABITS**

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

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

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

I AM A     HEAVY SLEEPER     LIGHT SLEEPER

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

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

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

**ABOUT YOU**

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

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

**ROOMMATE INFORMATION**

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

ARE YOU REQUESTING SINGLE HOUSING?  YES  NO  
 IF SPACE ALLOWS, WOULD YOU BE INTERESTED IN LIVING ON A QUIET HALL (ONE DESIGNATED FOR EXCEPTIONAL QUIET)?  YES  NO  
 WOULD YOU PREFER TO ROOM WITH A PERSON HAVING A SIMILAR MAJOR?  YES  NO  INDIFFERENT  
 WOULD YOU BE INTERESTED IN LIVING WITH SOMEONE FROM OUTSIDE THE U.S.?  YES  NO  INDIFFERENT  
 WOULD YOU BE INTERESTED IN LIVING WITH SOMEONE OF A RELIGION OTHER THAN YOUR OWN?  YES  NO  INDIFFERENT  
 WOULD YOU BE OPPOSED TO LIVING WITH SOMEONE WHO HAD A TELEVISION?  YES  NO  INDIFFERENT  
 WILL YOU BRING A TV?  YES  NO

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

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

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

**PROPOSED ROOMMATE INFORMATION**

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

ROOMMATE'S NAME \_\_\_\_\_ ROOMMATE'S CLASS STANDING \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
 DOES THIS PERSON PLAN TO LIVE WITH YOU?  YES  NO

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

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

Dates Accommodation Requested

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

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

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

**PERSONAL INFORMATION**

LAST/FAMILY NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ BIRTH DATE (M/D/Y) \_\_\_\_\_  
 ANDREWS ID NUMBER \_\_\_\_\_ U.S. SOCIAL SECURITY NUMBER (if applicable)    -   -       
 HOME: STREET ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 HOME TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Please indicate whether you are applying for single student housing or student family housing. NOTE: Express written permission must be obtained from the Housing Manager for more than one person to occupy a single student apartment. When two singles are allowed to share an apartment there is an additional \$20 included in the rent. If you are planning to share your apartment with a roommate, you should apply at the same time for both applications must be 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</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<br/>(For two same-sex singles to share, not rented to one person only)</p> |
|---|---|

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

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

**CURRENT INFORMATION**

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

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

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

**IMPORTANT INFORMATION**

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

**APPLICATION AGREEMENT**

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

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

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

**EVALUATION INFORMATION**

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

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

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

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

Amount \_\_\_\_\_

Receipt \_\_\_\_\_

(For office use only)

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

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

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

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

**ABOUT THE PROCEDURE**

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

**APPLICANT INFORMATION**

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

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

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

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

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

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

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