
WELCOME

Thank you for your interest in the Andrews University Physical Therapist Programs. Please read the following information about the forms in your application packet. Pay close attention to the detailed instructions found on the next page regarding additional requirements for: required tests, your personal interview, international students. If you have any further questions, please don't hesitate to contact us.

FORM DESCRIPTIONS

Application and \$40 Application Fee

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

Statement of Purpose and Professional History/Resume

Please respond to the "Statement of Purpose" by following the instructions on the form and include an updated resume.

Recommendation Forms

Three recommendation forms are to be completed on your behalf by the individuals listed on your checklist. 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 received by AU Graduate Admissions in an unopened, school-sealed letterhead envelope. International transcripts are evaluated according to published guidelines for each country. Official and certified copies of examination reports and all secondary certificates (e.g., "O" and "A" levels) are also required of applicants educated outside of the U.S. Transcript request forms are provided for your convenience. **NOTE:** Transcripts become property of the university and may be released intra-campus for purposes of academic advisement, evaluation, and administration as deemed necessary.

DPT Prerequisite Worksheet (for DPT applicants)

Please complete this worksheet carefully. The first side of the sheet is required of all applicants. The course content on the back of the sheet is only required if the applicant will NOT have a bachelor's degree before enrolling in the DPT program. List all courses even if they have not been completed.

PT Clinical Observation Verification Sheet(s) (for DPT applicants)

All observation hours need to be supervised by a licensed physical therapist and must be completed no more than three years prior to enrollment, although you may apply and be accepted before all observation hours are completed. Applicants are required to complete 80 hours of observation of patient care. A minimum of 20 hours must be in an inpatient setting. Several forms are enclosed; duplicate as needed.

Computer Literacy Form (for DPT applicants)

This form is for applicants with a bachelor's degree who have not had a basic computer software applications course. You may demonstrate your computer literacy by completing this form. Please have a computer course instructor, professor, or employer who is familiar with your computer skills sign the form.

Immunization Record (for DPT applicants)

This form is included to comply with the Department of Public Health. Although not required for acceptance, this form must be completed before you can register for classes, and should be turned in as soon as possible. If you have any questions please call the Student Health Nurse at 269.473.2222.

Residence Hall/Housing Applications (optional for DPT applicants)

Applicants desiring on-campus housing in Michigan may complete one of these forms. Residence Hall applications are for single students only and Family & Graduate Housing applications are for those who are single, married, or have families. Off-campus housing information is also available upon request.

Portfolio (for DScPT/t-DPT applicants)

If you hold a master's degree or are a DPT trained clinician, you need to include your portfolio. This has vital information related to your acceptance as well as determination for competency credits. An updated resume needs to be included; include information on all post-graduate continuing education courses and clearly list the number of contact hours.

FOR INTERNATIONAL APPLICANTS ONLY

Educational Summary Sheet

All applicants who have been educated outside the U.S. must complete this form. Please follow the instructions on the form carefully, as failure to complete this form properly will slow the admission process. This form is enclosed.

Balanced Estimated Budget Sheet

All applicants attending on a student visa (F-1 or J-1) must complete this enclosed form. This completed form and all other financial requirements and requested documents, as indicated on the budget sheet, will result in financial acceptance to Andrews University. After academic acceptance **AND** financial acceptance are granted, the I-20 or 2019 will be sent to you. **NOTE:** Form must be completed and submitted by June 1 for **DPT applicants**, or 8 weeks prior to arrival on campus for **POSTPROFESSIONAL applicants**.

Copy of Diploma(s)

Please submit a certified copy of your original diploma(s) with your application. This is required for applicants whose final transcripts do not list both the name of the degree obtained and

the date the degree was conferred. Since most countries outside the U.S. do not include this information on transcripts, most international students must send a copy of their diploma. Please provide copies in both the original language of instruction and in English.

Transcript Evaluation (for DPT applicants)

Students who have earned academic credit or graduated from a school outside of the U.S. and Canada must submit their academic transcripts to the Education Credential Evaluators, an independent evaluation service. You can find them online at www.ece.org, call them at 414.289.3400, or write them at P.O. Box 514070, Milwaukee, WI 53203-3470, U.S.A. This **MUST** be completed before the AU Physical Therapy Department can consider your application for evaluation.

Passport Identification Page

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

PERSONAL INTERVIEW

DPT applicants who qualify for an interview will be contacted by the admissions office. If you have not been to Andrews University, it is recommended that you visit the campus for your personal interview. Alternative interview arrangements can be made to accommodate applicants if necessary.

INFORMATION ON REQUIRED TESTS

GRE

The Graduate Record Examination (GRE) General Test is required of all applicants. 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. You may also email gre-info@ets.org, call 609.771.7670, or write ETS at P.O. Box 6000, Princeton, NJ 08541-6000, U.S.A. International applicants may check with the U.S. Embassy in their country for information regarding the GRE test.

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 and medium of instruction, a minimum score of 550 on the paper-based TOEFL or 213 on the computer-based TOEFL or 80 iBT TOEFL or 80 on the Michigan English Language Assessment Battery (MELAB) is required. Postprofessional applicants can petition to have the TOEFL waived if they show evidence of full-time PT employment in the US for more than 5 years, or have earned another degree from an English-speaking program. Additional guidelines for demonstrating acceptable English proficiency are published in the international brochure and the Andrews University Bulletin. The TOEFL or MELAB must be taken within one year prior to application. Official TOEFL scores must be sent directly to AU Graduate Admissions from the Educational Testing Service (ETS). The Andrews University ETS code is 1030. Those who do not have passing scores are welcome to apply for English studies at the AU English Language Institute (ELI). TOEFL testing sites, dates and information are found at www.toefl.org or email toefl@ets.org or call 609.771.7100. You can also write ETS at P.O. Box 6000, Princeton, NJ 08541-6000, U.S.A. International applicants may also check with the U.S. Embassy in their country for information regarding TOEFL.

PTET (For DScPT or t-DPT)

If your highest earned degree is at the bachelor's level you must submit the results of the Physical Therapist Evaluation Tool (PTET) to allow us to evaluate your competency towards a master's degree. Contact Credentialing Services at 309.343.1202 for information on taking this task analysis. Your portfolio requirement for our degrees will be fulfilled with the PTET.

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 during: MONTH _____ YEAR _____
- TOEFL -OR- MELAB during: MONTH _____ YEAR _____
- PTET during: MONTH _____ YEAR _____

EDUCATIONAL HISTORY

HIGHEST EARNED DEGREE _____ DATE (MO/YR) _____

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

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

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

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

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

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

SIGNATURE _____ DATE _____

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

STATEMENT OF PURPOSE

In a typed or printed statement of purpose, detail the nature and purpose of your interest in pursuing graduate education to meet your personal, professional, and academic goals; your philosophical perspective; and what you hope to accomplish professionally in ten years following the completion of your proposed course of study. Explain why you are choosing graduate education at Andrews University and how you would relate to receiving your healthcare education in a Christian environment. (Use a second sheet if more space is needed).

SIGNATURE _____ DATE _____

PRINT NAME _____

U.S. SOCIAL SECURITY NUMBER - -

BIRTHDATE (M/D/Y) _____

PROFESSIONAL HISTORY/RESUME

Please submit a resume which includes personal data, work experience for the past ten years, volunteer activities, and any academic or community awards, scholarships, honors, etc. Also list any certificates, licenses, outside interests/hobbies, and languages spoken other than English.

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 -- BIRTHDATE (M/D/Y) _____

NAME (Please print as appears on record) _____

HOME: STREET ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

SIGNATURE _____ DATE _____

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TO THE REGISTRAR AT:

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ADDRESS: STREET NAME _____

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

NAME (Please print as appears on record) _____

HOME: STREET ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

SIGNATURE _____ DATE _____

APPLICANT INFORMATION AND AUTHORIZATION—TO BE COMPLETED BY APPLICANT

Please complete the top portion of this form, check the appropriate box below, sign and date. Take or mail this evaluation form to a person who knows you well. Urge the recommender 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: Recommendations from relatives are not accepted.**

FULL NAME _____

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

INDICATE WHICH PROGRAM YOU ARE APPLYING FOR: DPT t-DPT DScPT

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? _____

PROFESSIONAL BEHAVIORS*	SUPERIOR	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN	RECOMMENDER'S COMMENTS
1 COMMITMENT TO LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2 INTERPERSONAL SKILLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3 COMMUNICATION SKILLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4 EFFECTIVE USE OF TIME AND RESOURCES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5 USE OF CONSTRUCTIVE FEEDBACK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6 PROBLEM SOLVING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7 PROFESSIONALISM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8 RESPONSIBILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9 CRITICAL THINKING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10 STRESS MANAGEMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

* Developed by the Physical Therapy Program, University of Wisconsin-Madison, May et al. *Journal of Physical Therapy Education*. 9:1, Spring 1995.

SIGNATURE _____ NAME (PLEASE PRINT) _____ DATE _____

INSTITUTION _____ POSITION _____ PHONE NUMBER (_____) _____

MAILING ADDRESS _____

APPLICANT INFORMATION AND AUTHORIZATION—TO BE COMPLETED BY APPLICANT

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I do not waive my rights to examine this evaluation.

SIGNATURE _____ DATE _____

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1 COMMITMENT TO LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2 INTERPERSONAL SKILLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3 COMMUNICATION SKILLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4 EFFECTIVE USE OF TIME AND RESOURCES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5 USE OF CONSTRUCTIVE FEEDBACK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6 PROBLEM SOLVING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7 PROFESSIONALISM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8 RESPONSIBILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9 CRITICAL THINKING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10 STRESS MANAGEMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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SIGNATURE _____ NAME (PLEASE PRINT) _____ DATE _____

INSTITUTION _____ POSITION _____ PHONE NUMBER (_____) _____

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FULL NAME _____

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

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1 COMMITMENT TO LEARNING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2 INTERPERSONAL SKILLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3 COMMUNICATION SKILLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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8 RESPONSIBILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9 CRITICAL THINKING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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SIGNATURE _____ NAME (PLEASE PRINT) _____ DATE _____

INSTITUTION _____ POSITION _____ PHONE NUMBER (_____) _____

MAILING ADDRESS _____

APPLICANT INFORMATION

FULL NAME (PLEASE PRINT) _____

HOME TELEPHONE (_____) _____ CELL PHONE (_____) _____

EMAIL ADDRESS _____ DEGREE (IF APPLICABLE) _____ MAJOR _____

GRADUATION DATE (MO/YR) _____ COLLEGE/UNIVERSITY _____

(For office use only)

- INELIGIBLE
- ELIGIBLE
- INTERVIEW ____ / ____
- ACCEPTED ____ / ____
- SPECIAL

ACADEMIC CRITERIA

GENERAL REQUIREMENTS

- Attain a grade of "C" or better in all prerequisite courses.
- Achieve a minimum of 3.0 overall GPA in all prerequisite courses.
- Achieve a minimum 3.0 Science GPA for prerequisite science courses.
- Complete a minimum of 64 semester credits including 4 or more prerequisite science courses before sending an application.

FOR APPLICANTS WITHOUT A BACHELOR'S DEGREE

- Complete 92 semester credits. Appropriate courses must be taken in each content area listed on **both sides of this form**.
- Include at least 15 upper division semester credits from 3 or more content areas.

FOR APPLICANTS WITH A BACHELOR'S DEGREE

- Complete prerequisite course work outlined on the **front side** of this form only.
- Provide an official transcript showing your bachelor's degree before enrollment.

FILLING OUT THE WORKSHEET—Please list course work in each content area even if a course still needs to be taken and/or completed. We need to know how you will fulfill each prerequisite before enrollment in the DPT program. Follow the instructions for each column. Please print clearly.

- 1) Enter the college/university (initials will suffice) where the course was or will be taken.
- 2) Enter the code letters and numbers from the transcript or bulletin that identifies each course.
- 3) Enter the course name as written on your transcript or course catalog.
- 4) Include the term (fall, winter, spring, summer) and year when the course was or will be completed. For example: "Fall 02."
- 5) Indicate the number of course credits under the appropriate semester or quarter column.
- 6) Record your official letter grade, including (+) or (-), for each completed course, otherwise leave the space blank.

SCIENCE COURSES

CONTENT AREAS	SCHOOL	COURSE CODE	COURSE NAME	TERM & YEAR	CREDITS		GRADE	FOR OFFICE USE
					SEMESTER	QUARTER		
BIOLOGICAL SCIENCES Choose one option. Option 1 is preferred. List courses fulfilling that option. Each course must have a lab component.	<input type="radio"/> OPTION 1 — A full sequence of anatomy and physiology with labs PLUS an upper division science course(s) related to human physiology or human biology <input type="radio"/> OPTION 2 — A full sequence of general biology with labs PLUS an upper division science course(s) related to human physiology or human biology							
PHYSICAL SCIENCES Choose one option. List courses fulfilling that option. Each course must have a lab component.	<input type="radio"/> OPTION 1 —A full sequence of general physics with labs as required for physics or pre-med majors PLUS any two chemistry courses with labs <input type="radio"/> OPTION 2 —A full sequence of general chemistry with labs as required for chemistry or pre-med majors PLUS any two physics courses with labs							
CALCULATING SCIENCE GPA —First, convert all quarter credits to semester credits by 1.5 (3 quarter credits divided by 1.5 = 2 semester credits). Using grade value points (A = 4.00, A- = 3.67, B+ = 3.33, B = 3.00, B- = 2.67, C+ = 2.33, C = 2.00), determine the quality points for each completed course. For example: 4 semester credits x 3.33 value points for "B+" = 13.33 quality points. Calculate the total quality points and the total semester credits of all completed science courses. Divide the total quality points by the total credits. SCIENCE GPA _____								

GENERAL COURSES

CONTENT AREAS	SCHOOL	COURSE CODE	COURSE NAME	TERM & YEAR	CREDITS		GRADE	FOR OFFICE USE
					SEMESTER	QUARTER		
MEDICAL TERMINOLOGY	A basic course in medical terminology. May be taken at Andrews University distance Learning.							
COMPUTER APPLICATIONS	A PT Department approved basic computer applications course, OR documentation of proficiency on the Computer Literacy Form (for those with a degree)							
STATISTICS	A basic statistics course							
PSYCHOLOGY	An introductory psychology course							
HUMAN DEVELOPMENT	A course covering physical, social, and psychological development beginning with conception							

PLEASE READ INSTRUCTIONS CAREFULLY

As a prerequisite for the DPT program at Andrews University you are required to complete observation time of physical therapy patient care, supervised by a licensed Physical Therapist. For example: Inpatient Rehabilitation, Outpatient Rehabilitation, Acute Care, Subacute Care, Geriatrics, Pediatrics, Home Health Care, Inpatient Orthopedics, or Outpatient Orthopedics which includes Sports Medicine. Please use the following information to plan your observation time correctly. This form is **not valid** without a licensed Physical Therapist signature.

Doctor of Physical Therapy (DPT)

- 1) A total of 80 hours of observation required in at least two distinctly different physical therapy patient care settings.
- 2) A minimum of 20 observation hours must be in an **inpatient** setting.
- 3) The two experiences may occur within one health care facility.
- 4) Applicants employed in a physical therapy department in direct patient care have fulfilled this requirement as long as at least 20 hours have been inpatient care. Please record work experience hours below and obtain a signature from the Supervising Physical Therapist.
- 5) All observation hours must be completed no more than 3 years prior to enrollment.
- 6) Use only one verification form per facility or institution. Feel free to make copies of this form as needed.

APPLICANT INFORMATION—TO BE COMPLETED BY THE APPLICANT

FULL NAME (PLEASE PRINT) _____ HOME TELEPHONE (_____) _____

FACILITY NAME _____ FACILITY TELEPHONE (_____) _____

FACILITY MAILING ADDRESS _____

TYPE OF PT SETTING(S) _____

CLINICAL OBSERVATION/WORK EXPERIENCE: FROM (M/D/Y) _____ TO (M/D/Y) _____ NUMBER OF HOURS _____

I HAVE OBSERVED/PERFORMED THE FOLLOWING PATIENT-RELATED ACTIVITIES (PLEASE LIST):

APPLICANT'S SIGNATURE _____ DATE _____

NOTE: This form is not valid without a licensed Physical Therapist signature.

SUPERVISOR INFORMATION—TO BE COMPLETED BY SUPERVISING PHYSICAL THERAPIST

I hereby verify that the above information is true and accurate.

SUPERVISOR'S SIGNATURE _____ PRINT NAME _____ DATE _____

TELEPHONE NUMBER (_____) _____

Thank you for making a contribution to the application process for future physical therapists. If you have any comments regarding this applicant's potential as a Physical Therapist please write them on the back of this form or feel free to contact us using the following information:

Mail: Graduate Admissions, Andrews University, Berrien Springs, MI 49104-0620 **Phone:** 269.471.6321 **Fax:** 269.471.6246

PLEASE READ INSTRUCTIONS CAREFULLY

As a prerequisite for the DPT program at Andrews University you are required to complete observation time of physical therapy patient care, supervised by a licensed Physical Therapist. For example: Inpatient Rehabilitation, Outpatient Rehabilitation, Acute Care, Subacute Care, Geriatrics, Pediatrics, Home Health Care, Inpatient Orthopedics, or Outpatient Orthopedics which includes Sports Medicine. Please use the following information to plan your observation time correctly. This form is **not valid** without a licensed Physical Therapist signature.

Doctor of Physical Therapy (DPT)

- 1) A total of 80 hours of observation required in at least two distinctly different physical therapy patient care settings.
- 2) A minimum of 20 observation hours must be in an **inpatient** setting.
- 3) The two experiences may occur within one health care facility.
- 4) Applicants employed in a physical therapy department in direct patient care have fulfilled this requirement as long as at least 20 hours have been inpatient care. Please record work experience hours below and obtain a signature from the Supervising Physical Therapist.
- 5) All observation hours must be completed no more than 3 years prior to enrollment.
- 6) Use only one verification form per facility or institution. Feel free to make copies of this form as needed.

APPLICANT INFORMATION—TO BE COMPLETED BY THE APPLICANT

FULL NAME (PLEASE PRINT) _____ HOME TELEPHONE (_____) _____

FACILITY NAME _____ FACILITY TELEPHONE (_____) _____

FACILITY MAILING ADDRESS _____

TYPE OF PT SETTING(S) _____

CLINICAL OBSERVATION/WORK EXPERIENCE: FROM (M/D/Y) _____ TO (M/D/Y) _____ NUMBER OF HOURS _____

I HAVE OBSERVED/PERFORMED THE FOLLOWING PATIENT-RELATED ACTIVITIES (PLEASE LIST):

APPLICANT'S SIGNATURE _____ DATE _____

NOTE: This form is not valid without a licensed Physical Therapist signature.

SUPERVISOR INFORMATION—TO BE COMPLETED BY SUPERVISING PHYSICAL THERAPIST

I hereby verify that the above information is true and accurate.

SUPERVISOR'S SIGNATURE _____ PRINT NAME _____ DATE _____

TELEPHONE NUMBER (_____) _____

Thank you for making a contribution to the application process for future physical therapists. If you have any comments regarding this applicant's potential as a Physical Therapist please write them on the back of this form or feel free to contact us using the following information:

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- 4) Applicants employed in a physical therapy department in direct patient care have fulfilled this requirement as long as at least 20 hours have been inpatient care. Please record work experience hours below and obtain a signature from the Supervising Physical Therapist.
- 5) All observation hours must be completed no more than 3 years prior to enrollment.
- 6) Use only one verification form per facility or institution. Feel free to make copies of this form as needed.

APPLICANT INFORMATION—TO BE COMPLETED BY THE APPLICANT

FULL NAME (PLEASE PRINT) _____ HOME TELEPHONE (_____) _____

FACILITY NAME _____ FACILITY TELEPHONE (_____) _____

FACILITY MAILING ADDRESS _____

TYPE OF PT SETTING(S) _____

CLINICAL OBSERVATION/WORK EXPERIENCE: FROM (M/D/Y) _____ TO (M/D/Y) _____ NUMBER OF HOURS _____

I HAVE OBSERVED/PERFORMED THE FOLLOWING PATIENT-RELATED ACTIVITIES (PLEASE LIST):

APPLICANT'S SIGNATURE _____ DATE _____

NOTE: This form is not valid without a licensed Physical Therapist signature.

SUPERVISOR INFORMATION—TO BE COMPLETED BY SUPERVISING PHYSICAL THERAPIST

I hereby verify that the above information is true and accurate.

SUPERVISOR'S SIGNATURE _____ PRINT NAME _____ DATE _____

TELEPHONE NUMBER (_____) _____

Thank you for making a contribution to the application process for future physical therapists. If you have any comments regarding this applicant's potential as a Physical Therapist please write them on the back of this form or feel free to contact us using the following information:

Mail: Graduate Admissions, Andrews University, Berrien Springs, MI 49104-0620 **Phone:** 269.471.6321 **Fax:** 269.471.6246

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 _____ MOBILE 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 OFF-CAMPUS

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

HEALTH CARE PROVIDER MUST COMPLETE: REQUIRED

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

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

HEALTH CARE PROVIDER MUST COMPLETE: RECOMMENDED

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

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

HEALTH CARE PROVIDER CONTACT INFORMATION

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

TELEPHONE _____ FAX NUMBER _____

SIGNATURE _____ DATE _____

MEN

MAIL TO: Meier/Burman Hall
Andrews University
Berrien Springs, MI
49104-0900, USA

FAX to: 269.471.3671

EMAIL: meierburmanhousing@andrews.edu

WEB: www.andrews.edu/MR

WOMEN

MAIL TO: Lamson Hall
Andrews University
Berrien Springs, MI
49104-1200, USA

FAX TO: 269.471.3683

EMAIL: lamsonhallhousing@andrews.edu

WEB: www.andrews.edu/LH

FOR OFFICE USE ONLY

SINGLE OCCUPANCY DOUBLE OCCUPANCY

ID _____ DEPOSIT _____ ROOM # _____

ROOMMATE _____

NOTES: _____

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 Student Life at 269.471.6686, and must be completed in person before financial registration can be completed.

Your residence hall application and deposit must be received before a room is assigned. For priority room assignment, complete your application and deposit by July 15 for Fall term, November 15 for Spring term, and April 15 for Summer terms.

Submit your room application in one of the following ways:

- Mail or fax to the address above
- Once you've been accepted, complete online at vault.andrews.edu/roomapp/

Submit your \$150 (US) residence hall deposit in one of the following ways:

- Mail check or money order (payable to Andrews University, marked "for room deposit")
- Call Student Financial Services at 269.471.3326 to pay by credit card
- Pay online: www.andrews.edu/SF

The deposit is forfeited if you do not cancel before the session deadline. Before moving into the residence hall, you must be financially cleared to attend Andrews University. Confirm that you're cleared at Registration Central online at vault.andrews.edu.

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

PERSONAL DATA (PRINT LEGIBLY)

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

HOME: STREET ADDRESS _____

CITY _____ STATE _____ COUNTRY _____ ZIP CODE _____

HOME TELEPHONE _____ MOBILE PHONE _____

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) (PLEASE CIRCLE) 1 2 3 ALL 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 & PREFERENCES

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 NOT WHEN I'M STUDYING NOT WHEN I'M SLEEPING NONE OF THE TIME

LIFESTYLE ATTITUDES CONSERVATIVE LIBERAL MODERATE

RELIGIOUS ATTITUDE STRONG FAITH FAITH INDIFFERENCE

RELIGIOUS AFFILIATION SDA NONE OTHER _____

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/OUTDOORS (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 and ability 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.

IF YOU HAVE A PREFERRED ROOMMATE, COMPLETE THE FOLLOWING SECTION

Both you and your intended roommate's application and deposit must be submitted before the deadline.

ROOMMATE'S NAME _____ ROOMMATE'S CLASS STANDING _____

ADDRESS _____

CITY _____ STATE _____ COUNTRY _____ ZIP CODE _____

HOME TELEPHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____ DOES THIS PERSON PLAN TO LIVE WITH YOU? YES NO

Mail to: Family & Graduate Housing
 500 Garland Avenue, Building G
 Berrien Springs, MI 49104-0920, USA
 Phone at: 269.471.6979
 Email at: famgradhousing@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 A.U. Family & Graduate 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 accommodations (contact us for exceptions).

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 _____
 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 Family & Graduate Housing Director 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 an apartment with a roommate, both applications must be received before an apartment can be occupied.

FAMILY SINGLE SINGLE (WITH ROOMMATE) NAME OF ROOMMATE _____

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

FURNITURE

WILL YOU HAVE A PIANO/ORGAN? YES NO

WILL YOU HAVE A FREEZER? YES NO

NOTE: 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 July 1 of the current year. Monthly rent includes utilities, stove and refrigerator, and other furnishings as indicated in the Family & Graduate Housing Handbook. The first month's rent is required before possession. Please visit our website for rates and information.

SINGLE STUDENT: Please indicate your first and second choice. All apartments are furnished. Married students have priority.

NOTE: Co-habitation of singles of the opposite gender is not permitted.

- | | |
|--|--|
| <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><input type="radio"/> <input type="radio"/> BEECHWOOD ONE-BEDROOM</p> | <p>1 2</p> <p><input type="radio"/> <input type="radio"/> MAPLEWOOD ONE-BEDROOM WITH AIR-CONDITIONING</p> <p><input type="radio"/> <input type="radio"/> MAPLEWOOD TWO-BEDROOM WITH AIR-CONDITIONING</p> <p><input type="radio"/> <input type="radio"/> BEECHWOOD OR MAPLEWOOD TWO-BEDROOM WITHOUT AIR-CONDITIONING
(For roommates, not rented to one person only)</p> |
|--|--|

STUDENT FAMILY: Please indicate your first through fifth choice. **NOTE:** Express written permission must be obtained for anyone 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><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> BEECHWOOD (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><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>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 Family & Graduate 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 be held for only one week beyond the requested accommodation date, if other applicants are waiting. Before receiving an apartment single students must submit to the Family & Graduate Housing Office (1) a copy of their birth certificate, driver's license, or passport and (2) a copy of their academic acceptance letter. Families 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. **NO PETS OR WATERBEDS ARE ALLOWED. 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 Family & Graduate 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 _____

PORTFOLIO INSTRUCTIONS

Clinicians applying to the t-DPT or DScPT program, who currently hold a Masters or DPT degree, must submit the following:

1) CURRICULUM VITAE (CV)

The CV should include the following categories, where applicable.

- Current home address
- Complete work history starting from first job after completion of entry-level degree, including the job site, position held, and length of employment
- Education summary
- Continuing education activity since licensure, including course title(s), course sponsor, and number of contact hours
- Teaching experience summary
- Business experience summary
- Publications
- Scientific and professional presentations
- Membership in scientific and professional societies and/or organizations
- Consultative and advisory positions held
- Certifications achieved
- Community Service Activities

2) COPY OF CONTINUING EDUCATION CERTIFICATES**3) COPY OF PROFESSIONAL CERTIFICATIONS**

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

APPLICANT'S NAME _____ DATE _____

INSTRUCTIONS—PLEASE READ CAREFULLY

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

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

EXAMPLES:

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

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

PERSONAL INFORMATION

THIS FORM IS DUE BY JUNE 1

(For office use only)

NAME OF APPLICANT _____

ID _____

BIRTHDATE (M/D/Y) _____ DEGREE APPLYING FOR _____

G _____

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

I AM PLANNING TO ATTEND FROM _____ 20 _____ TO _____ 20 _____

MARITAL STATUS SINGLE MARRIED NUMBER OF CHILDREN DEPENDENT ON YOUR SUPPORT _____

CITIZENSHIP: COUNTRY _____ STATE/PROVINCE _____

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

EXPENSE FORM

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

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

IMPORTANT INFORMATION

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

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

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

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

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

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

SIGNATURE _____ DATE _____

Please turn sheet over to continue

APPLICANT'S INFORMATION

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

COMPLETE POSTAL ADDRESS _____

HOME TELEPHONE (_____) _____ EMAIL _____

FATHER'S INFORMATION

FULL NAME _____ EMPLOYER _____

COMPLETE POSTAL ADDRESS _____

HOME TELEPHONE (_____) _____ EMAIL _____

MOTHER'S INFORMATION

FULL NAME _____ EMPLOYER _____

COMPLETE POSTAL ADDRESS _____

HOME TELEPHONE (_____) _____ EMAIL _____

ADDITIONAL INFORMATION

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

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

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

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

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

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

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

SIGNATURE OF GUARANTOR (1) _____ DATE _____

SIGNATURE OF GUARANTOR (2) _____ DATE _____