

**APPLICATION FOR PERMISSION TO TAKE CLASSES: GRADUATE**

MASTERS     DOCTORAL    SEMESTER OF ATTENDANCE \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

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

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

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

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

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

GENDER:     MALE     FEMALE    BIRTH DATE M/D/Y \_\_\_\_\_

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

CITIZENSHIP:     US CITIZEN     STUDENT VISA     EXCHANGE VISITOR VISA    COUNTRY OF CITIZENSHIP: \_\_\_\_\_

ETHNIC ORIGIN (This information is requested for government statistics and is used for statistical purposes only):

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

MARITAL STATUS:     SINGLE     MARRIED

RELIGIOUS PREFERENCE:     SDA    LIST CONFERENCE: \_\_\_\_\_     OTHER     NONE

WHICH SCHOOL ARE YOU WISHING TO ATTEND?

ARTS & SCIENCES     ARCHITECTURE     BUSINESS     EDUCATION     SEMINARY     TECHNOLOGY

EDUCATION COMPLETED:     HIGH SCHOOL     BACHELOR     MASTER     DOCTORAL

HIGHEST DEGREE EARNED \_\_\_\_\_ DATE \_\_\_\_\_

COLLEGE/UNIVERSITY \_\_\_\_\_ MAJOR \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HAVE YOU ATTENDED ANDREWS BEFORE?     YES     NO    IF YES, PLEASE FILL IN THE FOLLOWING: ID# \_\_\_\_\_

ATTENDED:     ON CAMPUS     EXTENSION/AFFILIATED SCHOOL    WHEN DID YOU LAST ATTEND: TERM \_\_\_\_\_ YEAR \_\_\_\_\_

HAVE YOU APPLIED OR PLAN TO APPLY TO AN ANDREWS GRADUATE PROGRAM, AND ARE YOU WAITING FOR AN ADMISSION DECISION?     YES     NO

ARE YOU ENROLLED IN ANOTHER COLLEGE/UNIVERSITY?     YES     NO    IF YES, WHERE? \_\_\_\_\_

ARE YOU NEEDING THIS CLASS(ES) FOR CERTIFICATION?     YES     NO    IF YES, WHAT CERTIFICATION? \_\_\_\_\_

**PLEASE READ CAREFULLY**

I certify that all the information given in this application is complete and accurate. I understand that Andrews University may verify any information that I have provided. Falsification or omission of information may result in the withdrawal of my application or in the revocation of admission or registration. I further understand that:

- Graduate classes can be taken only by students who have completed a four-year U.S. bachelor's degree or its equivalent.
- The granting of this application for Permission to Take Classes (PTC) does not constitute admission into any degree program at Andrews University.
- I must make formal application to a degree program if I want to earn a degree.
- Only a limited number of PTC credits can be petitioned and transferred into a degree program. I will check with my advisor or the Graduate Admissions Office as to the number of PTC credits that are transferable into a degree program.
- I must submit a new PTC application for every semester that I take classes on a PTC basis.
- There is no financial aid or veteran's benefits for PTC credits.

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

**PLEASE RETURN TO:**  
Graduate Admissions—Andrews University  
Berrien Springs, MI 49104  
FAX: 269.471.6246

DATE \_\_\_\_\_ ADM. CRT \_\_\_\_\_

ADMISSION APPROVED \_\_\_\_\_