
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.

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 or email gre-info@ets.org or call 609.771.7670. GMAT testing sites, dates and information are found at www.mba.com or email gmata@ets.org or call 609.771.7670.

TOEFL/MELAB

If English is not your first language or you are not a four-year graduate of 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.

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.

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

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

TEST INFORMATION

I HAVE TAKEN OR PLAN TO TAKE THE:

GRE GMAT during: MONTH _____ YEAR _____

TOEFL MELAB during: MONTH _____ YEAR _____

EDUCATIONAL HISTORY

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

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

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

<p>1) Name of Institution _____</p> <p>Attended From (MO/YR): _____ To (MO/YR): _____</p> <p>City, State, Country _____</p> <p>Degree and Major Completed _____</p> <p>Actual Date of Completion _____</p>	<p>4) Name of Institution _____</p> <p>Attended From (MO/YR): _____ To (MO/YR): _____</p> <p>City, State, Country _____</p> <p>Degree and Major Completed _____</p> <p>Actual Date of Completion _____</p>
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<p>2) Name of Institution _____</p> <p>Attended From (MO/YR): _____ To (MO/YR): _____</p> <p>City, State, Country _____</p> <p>Degree and Major Completed _____</p> <p>Actual Date of Completion _____</p>	<p>5) Name of Institution _____</p> <p>Attended From (MO/YR): _____ To (MO/YR): _____</p> <p>City, State, Country _____</p> <p>Degree and Major Completed _____</p> <p>Actual Date of Completion _____</p>
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<p>3) Name of Institution _____</p> <p>Attended From (MO/YR): _____ To (MO/YR): _____</p> <p>City, State, Country _____</p> <p>Degree and Major Completed _____</p> <p>Actual Date of Completion _____</p>	<p>6) Name of Institution _____</p> <p>Attended From (MO/YR): _____ To (MO/YR): _____</p> <p>City, State, Country _____</p> <p>Degree and Major Completed _____</p> <p>Actual Date of Completion _____</p>
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DISABILITY SERVICES: Qualified students with disabilities are encouraged to inform the university of their disability and enter into a dialogue regarding ways in which the university might reasonably accommodate them. The university can only respond to what it knows. It is the student's responsibility to provide necessary documentation of disabilities from a qualified, licensed professional before accommodation can be considered. For more information, contact Student Services at 269.471.3215.

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

SIGNATURE _____ DATE _____

(OFFICE USE ONLY)

In-process Entry Date _____ By _____ Residence Hall App. Sent _____ By _____

Housing Application Sent _____ By _____ Medical Forms Sent _____ By _____

STATEMENT OF PURPOSE

Type or print a statement of approximately 500 words (master's level applicants), 600 words (doctoral level applicants), or 350 words (MAPMin or MAYM applicants). List your objectives for seeking the degree to which you are applying. Include the nature and purpose of your interest in pursuing graduate education to meet your personal, professional, and academic goals; your philosophical perspective; and an indication of what you hope to accomplish professionally in ten years following the completion of your proposed course of study. (Use a second sheet if more space is needed). **MA Communication applicants: Please refer to the directions on the additional form.**

SIGNATURE _____ DATE _____

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

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

PROFESSIONAL HISTORY

Please include positions or jobs held during the last ten years. If you prefer, you may submit your current resume. MSW applicants **must** submit a resume. If more space is needed, please use a separate sheet.

EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____
EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____
EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____
EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____
EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____
EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____
EMPLOYING ORGANIZATION _____	TITLE OR OFFICE _____
LOCATION _____	DATES: FROM _____ TO _____

SPECIAL PROJECTS

Please use this space to tell us about any special projects undertaken in connection with your professional or previous studies. This includes any published books or articles. Use an additional sheet if necessary.

SIGNATURE _____ DATE _____

PRINT NAME _____

ANDREWS UNIVERSITY GENERAL RECOMMENDATION FORM

APPLICANT INFORMATION AND AUTHORIZATION—TO BE COMPLETED BY APPLICANT

FULL NAME _____

DEGREE PROGRAM FOR WHICH YOU ARE APPLYING _____

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

Please provide the information requested above, and take or mail this evaluation form to a person who knows you well. At least one form should be filled out by a college teacher in your proposed area of specialization, and another by a work/field practicum supervisor or a minister of religion. Urge them to return these forms to us immediately, since your application will not be processed until our office receives these evaluations. If the forms are to be returned from outside the United States, affix the required air mail postage. **NOTE: Please do not request relatives to submit recommendation forms. If you are applying for a MAPMin degree, please find the recommendation form for the Conference President or Administrative Executive of your employing organization in the pocket.**

I waive my rights to examine this evaluation.

I do not waive my rights to examine this evaluation.

SIGNATURE _____ DATE _____

RECOMMENDATION—TO BE COMPLETED BY RECOMMENDER

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

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

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

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

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

HIGHLY RECOMMEND RECOMMEND RECOMMEND WITH RESERVATION DO NOT RECOMMEND

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

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

SIGNATURE _____ NAME (PLEASE PRINT) _____ DATE _____

INSTITUTION _____ POSITION _____ PHONE NUMBER (_____) _____

MAILING ADDRESS _____

ANDREWS UNIVERSITY GENERAL RECOMMENDATION FORM

APPLICANT INFORMATION AND AUTHORIZATION—TO BE COMPLETED BY APPLICANT

FULL NAME _____

DEGREE PROGRAM FOR WHICH YOU ARE APPLYING _____

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

Please provide the information requested above, and take or mail this evaluation form to a person who knows you well. At least one form should be filled out by a college teacher in your proposed area of specialization, and another by a work/field practicum supervisor or a minister of religion. Urge them to return these forms to us immediately, since your application will not be processed until our office receives these evaluations. If the forms are to be returned from outside the United States, affix the required air mail postage. **NOTE: Please do not request relatives to submit recommendation forms. If you are applying for a MAPMin degree, please find the recommendation form for the Conference President or Administrative Executive of your employing organization in the pocket.**

I waive my rights to examine this evaluation. I do not waive my rights to examine this evaluation.

SIGNATURE _____ DATE _____

RECOMMENDATION—TO BE COMPLETED BY RECOMMENDER

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

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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.**

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SIGNATURE _____ DATE _____

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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"/>
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DEPENDABILITY	<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 _____

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 _____

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**GRADUATE ADMISSIONS OFFICE
ANDREWS UNIVERSITY
BERRIEN SPRINGS MI, 49104-0620, USA**

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

NAME (Please print as appears on record) _____

HOME ADDRESS: STREET NAME _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

SIGNATURE _____ DATE _____

Mail to: Student Health Service
 Andrews University
 Berrien Springs, MI 49104-0960, USA

Fax to: 269.473.6880
 Phone: 269.473.2222

PLEASE PRINT CLEARLY

U.S. SOCIAL SECURITY NUMBER -- AU ID NUMBER (if known) _____

FIRST NAME _____ LAST NAME _____

HOME: STREET ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

HOME TELEPHONE _____ EMAIL ADDRESS _____

BIRTH DATE MONTH _____ DAY _____ YEAR _____

SEX MALE FEMALE

LEVEL UNDERGRADUATE GRADUATE

ANTICIPATED TERM OF ENROLLMENT: FALL SPRING SUMMER YEAR _____

WHERE DO YOU PLAN TO LIVE? DORM UNIVERSITY APARTMENT COMMUNITY

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

HEALTH CARE PROVIDER MUST COMPLETE: REQUIRED

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

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

HEALTH CARE PROVIDER MUST COMPLETE: RECOMMENDED

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

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

HEALTH CARE PROVIDER

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

TELEPHONE _____ FAX NUMBER _____

SIGNATURE _____ DATE _____

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

FAMILY SINGLE SINGLE (WITH ROOMMATE) NAME OF ROOMMATE (IF APPLICABLE) _____

If you have chosen to apply for student family housing please include the following information. If not, proceed to the next section.

NAME OF SPOUSE _____ ANDREWS ID NUMBER _____

WILL YOUR SPOUSE BE IN CONTINUOUS RESIDENCE WITH YOU? YES NO

Please provide the following information about the children who will be living with you:

NAME _____ BIRTH DATE (M/D/Y) _____ MALE FEMALE
 NAME _____ BIRTH DATE (M/D/Y) _____ MALE FEMALE
 NAME _____ BIRTH DATE (M/D/Y) _____ MALE FEMALE
 NAME _____ BIRTH DATE (M/D/Y) _____ MALE FEMALE

PERSONAL ASSETS

DO YOU HAVE A PIANO/ORGAN? YES NO

DO YOU HAVE A FREEZER? YES NO

NOTE: Freezers and pianos/organs are allowed only on ground floors, and by previous arrangement. Please list below the major items of furniture you will bring with you:

TYPE OF APARTMENT DESIRED

Rental rates generally increase yearly and are effective as of June 1 of the current year. Monthly rent includes utilities, stove and refrigerator, and other furnishings as indicated in the Housing Handbook. One month's rent is required before possession. Please visit our website for approximate costs and information.

SINGLE STUDENT: Please signify your first and second choice. All apartments are furnished. Married students have first priority for one or two-bedroom apartments. **NOTE:** Co-habitation of opposite sex singles is illegal, according to Michigan Law.

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

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

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

CURRENT INFORMATION

CURRENT LANDLORD'S NAME _____ ADDRESS _____ PHONE _____

PREVIOUS LANDLORD'S NAME _____ ADDRESS _____ PHONE _____

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

IMPORTANT INFORMATION

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

APPLICATION AGREEMENT

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

SIGNATURE _____ DATE _____

SPOUSE OR ROOMMATE SIGNATURE (IF APPLICABLE) _____ DATE _____

RESEARCH PAPER

Please include a research paper you have written with your application. It should be on a topic related to your proposed major area of concentration, and must have been written while you were studying for your master's degree. The purpose is to demonstrate to the admissions committee that you are able to carry out research work on a given subject and know how to present the results or conclusions of such work in acceptable written form, according to "Andrews University Standards of Written Work" and "Manual for Writers" by Kate L. Turabian, 6th edition.

APPLICANT INFORMATION

DEGREE APPLYING FOR _____

TITLE OF RESEARCH PAPER SUBMITTED _____

SIGNATURE _____ NAME (PLEASE PRINT) _____ 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: _____