
WELCOME

Thank you for your interest in the Doctor of Ministry Program. Please read the following information regarding the forms contained in your application packet. Pay close attention to the detailed instructions on additional requirements for international students, and an important admissions policy located on the next page. If you have any further questions, don't hesitate to contact us at 1-800-253-2874.

FOR ALL APPLICANTS

Application and \$40 Application Fee

The enclosed application form must be completed entirely, printed in ink or typed, and signed before the admissions process can begin. A \$40 application fee is required and should be submitted with the application form. 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 or money orders payable to Andrews University.

Professional History

Please follow the instructions printed on the enclosed form.

Paper

Please follow the instructions printed on the enclosed form.

Recommendation Forms

There is a total of three required recommendations. Two general recommendations should be completed on your behalf, usually by an elder from your local church and by a ministerial colleague. Please do not ask for references from family members. The third recommendation form is for a conference president or other institutional official to fill out and return to us. The recommendations should be sent by the evaluator to the Andrews University Office of Graduate Admissions. Be sure your name is on each form.

Official Transcripts

Official transcripts are required from the registrar of all post-secondary institutions that 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 Office of Graduate Admissions or be received by 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 if you have been 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.

16PF Test Application Form

Follow the instructions on the enclosed form and return it promptly with your payment of \$25 to cover the expenses of the test.

Financial Plan (for U.S. citizens and legal residents only)

The DMin program office needs to see a budget from every student using this form. Please base your calculations on the enclosed financial information.

This is not to be confused with the Estimated Budget Sheet for international students. International students must fill out an Estimated Budget Sheet in place of this form.

Immunization Record

This form is required **only** for full-time on-campus students. Although it is not required for acceptance to an Andrews University program, it must be completed before registering 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.

Complete your Housing Requirements

If you wish to live in the University Towers (residence halls designed for single older students), please complete an application online (www.andrews.edu/go/roomapp) and submit your \$200 room deposit to the Office of Student Financial Services.

If you are planning to live in one of the University's 300 apartments (designed to meet the needs of students with families and single older students), please submit your completed application and other required documents outlined in the Family & Graduation Housing section of this packet.

To learn more about housing options, visit www.andrews.edu/housing. Persons coming to Andrews only for short-term intensives may make arrangements for temporary on-campus accommodations by contacting lodging@andrew.edu.

Additional Information

Please refer to the Doctor of Ministry website (www.doctorofministry.com) for general information about the program, available concentrations, and cohort schedules that will aid you as you plan your application for a Doctor of Ministry degree.

FOR INTERNATIONAL APPLICANTS ONLY

Educational Summary Sheet

Any applicant who has ever 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 admissions process. This form is enclosed.

Estimated Budget Sheet

All applicants attending on a student visa (F-1 or J-1) must complete this enclosed form and submit it by the application deadline for your cohort. This completed form and all other financial requirements and documents requested as indicated on the budget sheet should 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.

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.

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. Please send this with your application.

TOEFL/MELAB

If English is not your first language or you are not a four-year graduate of an accredited college/university in a country where English is the spoken language and medium of instruction, a minimum score of 550 on the paper-based TOEFL or 80 in the internet-based TOEFL or 80 on the Michigan English Language Assessment Battery (MELAB) is required **prior to admission**. 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 the Andrews University Office of 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 Andrews University Center for Intensive English Programs (CIEP). TOEFL testing sites, dates and information are found at www.toefl.org. You may also email toefl@ets.org or call 609-771-7100 or 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.

NOTE: Please note that those applying for the Pastoral Ministry concentration in Spanish do not need to prove English proficiency.

IMPORTANT ADMISSIONS POLICY

Admission to the Seventh-day Adventist Theological Seminary is granted irrespective of race, color, national or ethnic origin, gender or disability. The Seminary is owned and financed by the Seventh-day Adventist Church. It is a community of committed Christians who collectively confess the Christian faith and seek to experience its meaning in worship and practical life. Most of its students are members of the Seventh-day Adventist Church; however, no declaration of confessional allegiance is required for admission. Students who meet academic requirements, whose lifestyle and character are in harmony with the purposes of the Seminary, and who express willingness to cooperate with general University policies may be admitted. Admission to the University, however, is a privilege rather than a right and may be withdrawn by the University at its discretion.

Students are expected to maintain the religious, social and cultural atmosphere of the Seminary and to order their lives in harmony with its mission and purposes. The seminary community endeavors to maintain an atmosphere of mutual support and acceptance that is congenial to personal adjustment and social development. In the course of their preparation for the ministry, students are called upon to participate in the lives and worship of the surrounding churches. Because of this role, students are expected to be sensitive to the values of others and exemplary in appearance and actions.

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

In-process Entry Date _____ By _____ ID _____
 Financial Statement Sent _____ By _____ G _____
 Housing Application Sent _____ By _____ Amount _____
 Medical Forms Sent _____ By _____ Receipt _____
 Stmt Ack Sent _____ By _____ (For office use only)

Admission to Andrews University is available to any student who meets the academic and character requirements of the University and who expresses willingness to cooperate with its policies. Because Andrews University is operated by the Seventh-day Adventist Church, the majority of its students are Seventh-day Adventists. However, no particular religious commitment is required for admission; any qualified student who will be comfortable within its religious, social, and cultural atmosphere may be admitted. The University does not discriminate on the grounds of race, sex, color, creed, national or ethnic origin, age, disability or other legally protected characteristics.

PLEASE PRINT CLEARLY—NOTE: There is an application fee of \$40 (non-refundable)

INTERNATIONAL STUDENTS: Please attach a photocopy of the page in your passport that contains your biographical information to this application.

LAST/FAMILY NAME _____ FIRST NAME _____

MIDDLE NAME _____ MAIDEN/PREVIOUS NAME(S) _____

HOME: STREET ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

HOME TELEPHONE (_____) _____ EMAIL ADDRESS _____

WORK TELEPHONE (_____) _____ CELL NUMBER (_____) _____

TEMPORARY MAILING ADDRESS (IF DIFFERENT FROM ABOVE): STREET ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

TEMPORARY TELEPHONE (_____) _____ AT TEMPORARY ADDRESS: FROM M/D/Y _____ TO M/D/Y _____

PROGRAM DATA

PLEASE INDICATE THE CONCENTRATION YOU ARE APPLYING FOR

- AFRICAN AMERICAN MINISTRIES CHAPLAINCY EVANGELISM AND CHURCH GROWTH FAMILY MINISTRY GLOBAL MISSION LEADERSHIP
- LEADERSHIP PASTORAL MINISTRY (in Spanish) PREACHING YOUTH MINISTRY OTHER _____

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

TEST INFORMATION—NOTE: For international applicants only. Please see the information page of the application if you have any questions.

I HAVE TAKEN OR PLAN TO TAKE THE:

TOEFL MELAB during: MONTH _____ YEAR _____

DISABILITY SERVICES

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

PERSONAL INFORMATION

SEX MALE FEMALE BIRTH DATE (M/D/Y) _____ COUNTRY OF BIRTH _____

COUNTRY OF CITIZENSHIP _____ U.S. SOCIAL SECURITY NUMBER - -

LEGAL PERMANENT RESIDENTS OF THE UNITED STATES:

STATE OF RESIDENCE _____ ALIEN CARD#

NON-U.S. RESIDENTS—CIRCLE ONE: STUDENT VISA F-1 EXCHANGE VISITOR VISA J-1 DEPENDENT J-2 REFUGEE VISA OTHER _____

NATIVE LANGUAGE _____ NUMBER OF YEARS OF STUDY IN AN ENGLISH SPEAKING SCHOOL _____

RACE: Your disclosure/non-disclosure of the information below will not affect your eligibility for admission. The federal government requests that we collect this data for statistical purposes. The categories below do not denote scientific definitions of anthropological origin; we and the government recognize that the categories are not perfect or inclusive of everyone's complex backgrounds.

ETHNICITY: HISPANIC NON-HISPANIC
RACE: BLACK AMERICAN INDIAN OR ALASKAN NATIVE
 ASIAN PACIFIC ISLANDER WHITE

MARITAL STATUS SINGLE MARRIED

RELIGIOUS PREFERENCE SEVENTH-DAY ADVENTIST OTHER DENOMINATION (PLEASE SPECIFY) _____ NONE

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

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO YES (DATE & NATURE OF OFFENCE) _____

EDUCATIONAL HISTORY

HAVE YOU PREVIOUSLY ATTENDED ANDREWS UNIVERSITY OR ONE OF OUR COLLEGE OR UNIVERSITY AFFILIATES? YES* NO
 (For a list of our University affiliates please search on our website: www.andrews.edu)

*IF YES, DATES ATTENDED FROM MO/YR _____ TO MO/YR _____ ANDREWS ID NUMBER _____

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

NAME OF INSTITUTION _____ ATTENDED FROM MO/YR _____ TO MO/YR _____

CITY _____ STATE _____ COUNTRY _____

DEGREE AND MAJOR COMPLETED _____ ACTUAL DATE OF COMPLETION _____

NAME OF INSTITUTION _____ ATTENDED FROM MO/YR _____ TO MO/YR _____

CITY _____ STATE _____ COUNTRY _____

DEGREE AND MAJOR COMPLETED _____ ACTUAL DATE OF COMPLETION _____

NAME OF INSTITUTION _____ ATTENDED FROM MO/YR _____ TO MO/YR _____

CITY _____ STATE _____ COUNTRY _____

DEGREE AND MAJOR COMPLETED _____ ACTUAL DATE OF COMPLETION _____

NAME OF INSTITUTION _____ ATTENDED FROM MO/YR _____ TO MO/YR _____

CITY _____ STATE _____ COUNTRY _____

DEGREE AND MAJOR COMPLETED _____ ACTUAL DATE OF COMPLETION _____

NAME OF INSTITUTION _____ ATTENDED FROM MO/YR _____ TO MO/YR _____

CITY _____ STATE _____ COUNTRY _____

DEGREE AND MAJOR COMPLETED _____ ACTUAL DATE OF COMPLETION _____

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

SIGNATURE _____ DATE _____

PAPER

Submit a 1,500-2,500 word double-spaced paper that discusses your personal spiritual journey and sets forth your purpose for seeking the Doctor of Ministry degree. The paper should manifest deep theological reflection and a familiarity with current literature in pastoral ministry.

Be sure to identify your paper with your name and Andrews University ID, birth date or Social Security number.

PROFESSIONAL HISTORY

Please include positions or jobs held during the last ten years. If you prefer, you may submit your current 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 profession or previous studies. This includes any published books or articles. Use an additional sheet if necessary.

SIGNATURE _____ DATE _____

PRINT NAME _____

APPLICANT INFORMATION AND AUTHORIZATION (TO BE COMPLETED BY APPLICANT)

LAST/FAMILY NAME _____ FIRST NAME _____

MIDDLE NAME _____ MAIDEN/PREVIOUS NAME(S) _____

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 your Conference President. Urge him/her to return this form to us immediately, since your application will not be processed until our office receives these evaluations. If returning this form from outside the United States, affix the required air mail postage.

I waive my rights to examine this evaluation.

I do not waive my rights to examine this evaluation.

SIGNATURE _____ DATE _____

RECOMMENDATION (TO BE COMPLETED BY THE APPLICANT'S CONFERENCE PRESIDENT OR INSTITUTIONAL OFFICIAL)

The above-named applicant is applying for a Doctor of Ministry degree and requires a recommendation from you in order to process an application. If the applicant has checked above that he/she does not waive 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 comment on the following items with respect to the applicant:

CHARACTER AND INTEGRITY _____

INTERPERSONAL RELATIONS _____

INTELLECTUAL CAPACITY _____

EMOTIONAL STABILITY AND OUTLOOK ON LIFE _____

POTENTIAL FOR A SUCCESSFUL CAREER IN MINISTRY _____

GIFTS AND STRENGTHS FOR MINISTRY _____

WEAKNESSES OR RESERVATIONS REGARDING MINISTERIAL POTENTIAL _____

HOW MIGHT WE HELP THIS APPLICANT THE MOST? _____

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

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

DO YOU KNOW OF ANY REASON WHY THIS APPLICANT COULD NOT BE EMPLOYED IN MINISTRY? _____

WILL THE APPLICANT BE FINANCIALLY SPONSORED FOR THE DMin DEGREE PROGRAM BY THIS CONFERENCE/INSTITUTION? YES NO

SIGNATURE _____ NAME (PLEASE PRINT) _____ DATE _____

CONFERENCE/INSTITUTION _____ POSITION _____

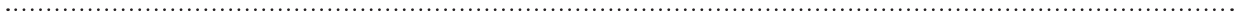
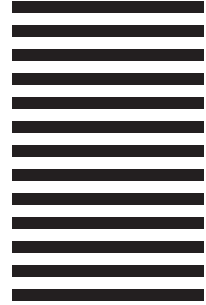


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FIRST CLASS MAIL PERMIT NO. 21 BERRIEN SPRINGS, MI

POSTAGE WILL BE PAID BY ADDRESSEE

**Office of Graduate Admissions
Andrews University
4150 Administration Dr
Berrien Springs MI 49103-9900**



PLEASE FOLD THIS WITH YOUR ADDITIONAL LETTER OF ASSESSMENT INSIDE AND THE UNIVERSITY ADDRESS ON THE OUTSIDE.
TAPE OR STAPLE THE EDGES TOGETHER AND RETURN IT TO THE GRADUATE ADMISSIONS OFFICE AT ANDREWS UNIVERSITY.

APPLICANT INFORMATION AND AUTHORIZATION (TO BE COMPLETED BY APPLICANT)

LAST/FAMILY NAME _____ FIRST NAME _____

MIDDLE NAME _____ MAIDEN/PREVIOUS NAME(S) _____

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 someone other than a relative. Urge the person to return this form to us immediately, since your application will not be processed until our office receives these evaluations. If the forms are to be returned from outside the United States, affix the required air mail postage.

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

SIGNATURE _____ DATE _____

RECOMMENDATION (TO BE COMPLETED BY RECOMMENDER)

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

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

Please comment on the following items with respect to the applicant. (Use an additional sheet if necessary)

SPIRITUALITY, CHARACTER AND INTEGRITY _____

QUALITY OF INTERPERSONAL RELATIONS, PERSONAL FAMILY LIFE _____

INTELLECTUAL CAPACITY _____

EMOTIONAL STABILITY AND OUTLOOK ON LIFE _____

LIFESTYLE AND HABITS _____

GIFTS AND STRENGTHS FOR MINISTRY, POTENTIAL FOR SUCCESS _____

WEAKNESSES OR RESERVATIONS REGARDING MINISTRY POTENTIAL _____

ORAL AND WRITTEN EXPRESSION IN ENGLISH _____

IF THIS PERSON IS ADMITTED, HOW MIGHT WE HELP HIM/HER MOST? _____

DO YOU WISH TO TALK PERSONALLY WITH SOMEONE IN THE SEMINARY REGARDING A SPECIFIC CONCERN FOR THIS APPLICANT? YES NO

REQUIRED SIGNATURES AND INFORMATION (TO BE COMPLETED BY THE RECOMMENDER)

SIGNATURE _____ NAME (PLEASE PRINT) _____ DATE _____

INSTITUTION _____ POSITION _____ PHONE NUMBER (_____) _____

MAILING ADDRESS _____

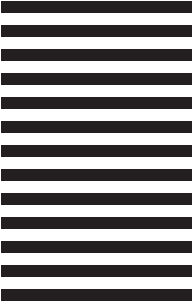


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4150 Administration Dr
Berrien Springs MI 49103-9900**



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APPLICANT INFORMATION AND AUTHORIZATION (TO BE COMPLETED BY APPLICANT)

LAST/FAMILY NAME _____ FIRST NAME _____

MIDDLE NAME _____ MAIDEN/PREVIOUS NAME(S) _____

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 someone other than a relative. Urge the person to return this form to us immediately, since your application will not be processed until our office receives these evaluations. If the forms are to be returned from outside the United States, affix the required air mail postage.

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SIGNATURE _____ DATE _____

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

Please comment on the following items with respect to the applicant. (Use an additional sheet if necessary)

SPIRITUALITY, CHARACTER AND INTEGRITY _____

QUALITY OF INTERPERSONAL RELATIONS, PERSONAL FAMILY LIFE _____

INTELLECTUAL CAPACITY _____

EMOTIONAL STABILITY AND OUTLOOK ON LIFE _____

LIFESTYLE AND HABITS _____

GIFTS AND STRENGTHS FOR MINISTRY, POTENTIAL FOR SUCCESS _____

WEAKNESSES OR RESERVATIONS REGARDING MINISTRY POTENTIAL _____

ORAL AND WRITTEN EXPRESSION IN ENGLISH _____

IF THIS PERSON IS ADMITTED, HOW MIGHT WE HELP HIM/HER MOST? _____

DO YOU WISH TO TALK PERSONALLY WITH SOMEONE IN THE SEMINARY REGARDING A SPECIFIC CONCERN FOR THIS APPLICANT? YES NO

REQUIRED SIGNATURES AND INFORMATION (TO BE COMPLETED BY THE RECOMMENDER)

SIGNATURE _____ NAME (PLEASE PRINT) _____ DATE _____

INSTITUTION _____ POSITION _____ PHONE NUMBER (_____) _____

MAILING ADDRESS _____

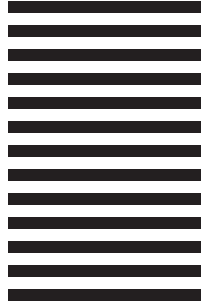


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TAPE OR STAPLE THE EDGES TOGETHER AND RETURN IT TO THE GRADUATE ADMISSIONS OFFICE AT ANDREWS UNIVERSITY.

ANDREWS UNIVERSITY **REQUEST FOR OFFICIAL COLLEGE TRANSCRIPT**

Please fill out this form and turn it in to your school registrar.

Name of School _____

Address _____

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 to the right. **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.**

MAIL TRANSCRIPTS TO:
Office of Graduate Admissions
Andrews University
4150 Administration Dr
Berrien Springs MI 49104-0620 U.S.A.

U.S. Social Security Number
(if applicable)

-

Birth Date M/D/Y _____

Name (Please Print As Appears On Record) _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Signed _____ Date _____

20110505

ANDREWS UNIVERSITY **REQUEST FOR OFFICIAL COLLEGE TRANSCRIPT**

Please fill out this form and turn it in to your school registrar.

Name of School _____

Address _____

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 to the right. **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.**

MAIL TRANSCRIPTS TO:
Office of Graduate Admissions
Andrews University
4150 Administration Dr
Berrien Springs MI 49104-0620 U.S.A.

U.S. Social Security Number
(if applicable)

-

Birth Date M/D/Y _____

Name (Please Print As Appears On Record) _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Signed _____ Date _____

20110505

EVALUATION INFORMATION

The Seminary has used the Sixteen Personality Factor Questionnaire (16PF) for many years to help assess how well-suited students appear to be for the professional duties and responsibilities within ministry.

Some individuals have sensed a confirmation of their call to ministry in this way while others discovered that they perhaps were not as well-suited for pastoral ministry but have found other satisfying avenues of ministry through the insights provided by their test results.

The (16PF) is the most respected and widely used measure of adult personality in the world.

Completion and submission of this 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)

There are four 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 \$25.00 (U.S. Funds) to this sheet and return it to the Andrews University Office of Graduate Admissions. Make your check payable to Andrews University. **NOTE:** You may include this amount with your application fee (\$40 for paper application or \$20 for online application).
3. After the Admissions Office staff have received your payment they will send you an email. You must carefully follow the directions in the email and reply to the email address provided.
4. You will then receive an email with access codes so that you can take the 16PF online. Clear directions will be included to assist you to complete the computerized test.

The Admissions Office will be informed when your completed 16PF has been processed and a brief summary of your test results will be mailed to you.

APPLICANT INFORMATION

LAST/FAMILY NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

FULL MAILING ADDRESS _____

PHONE NUMBER (_____) _____ EMAIL ADDRESS _____

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 \$25.00 (U.S. Funds) to cover the cost of the test processing is attached to this sheet.

 YES NO
PLEASE INDICATE THE PROGRAM YOU ARE APPLYING TO ENTER:

- | | | |
|--|---|---|
| <input type="radio"/> MA Pastoral Ministry | <input type="radio"/> MA Youth Ministry | <input type="radio"/> PhD Religious Education |
| <input type="radio"/> MA Religion | <input type="radio"/> MDiv Master of Divinity | <input type="radio"/> PhD Religion |
| <input type="radio"/> MA Religious Education | <input type="radio"/> DMin Doctor of Ministry | <input type="radio"/> ThD Theology |

(Remember to keep a copy of this form in your files for reference purposes)

APPLICANT INFORMATION

PLEASE NOTE: International DMin applicants coming on a student visa do not need to complete this form.

FULL NAME _____ HOME TELEPHONE (_____) _____

FULL MAILING ADDRESS _____

MARITAL STATUS SINGLE MARRIED NUMBER OF CHILDREN _____

ARE YOU A U.S. CITIZEN? YES NO: VISA STATUS _____

ARE YOU SPONSORED? YES: NAME OF SPONSOR _____

STOP HERE. YOU DO NOT NEED TO FILL OUT THE REMAINDER OF THIS FORM IF YOU ARE SPONSORED.

NO: PLEASE FILL OUT THE INFORMATION BELOW IF YOU ARE NOT SPONSORED.

FINANCIAL INFORMATION

Please indicate all expenses and resources for a minimum of the first three years if you are accepted into our doctoral program. Your figures should be as accurate and realistic as possible. See the Financial Bulletin for estimated cost per doctoral credit hour. Remember, if you have a student visa, government regulations will not allow your spouse to work.

EXPENSES	FIRST YEAR	SECOND YEAR	THIRD YEAR	RESOURCES (IN U.S. DOLLARS)
TUITION AND FEES	_____	_____	_____	CASH ON HAND _____
APPLICANT	_____	_____	_____	SAVINGS _____
SPOUSE	_____	_____	_____	HOME EQUITY _____
CHILDREN	_____	_____	_____	VETERAN'S OR DISABILITY BENEFITS _____
HOUSING COSTS	_____	_____	_____	SPONSORSHIP AID (STIPENDS) _____
FOOD	_____	_____	_____	APPLICANT'S EXPECTED EARNINGS _____
CAR PAYMENTS	_____	_____	_____	SPOUSE'S EXPECTED EARNINGS _____
BOOKS AND SUPPLIES	_____	_____	_____	OTHER (Please specify) _____
OTHER PERSONAL OBLIGATIONS	_____	_____	_____	_____
INSURANCE EXPENSE	_____	_____	_____	_____
TRAVEL	_____	_____	_____	_____
CAR PAYMENTS	_____	_____	_____	_____
CONTINGENCY FUND	_____	_____	_____	TOTAL _____
OTHER (Please specify)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

Mail to: University Medical Specialties—Student Health Services
 9045 U.S. 31
 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 _____

E-MAIL ADDRESS _____

BIRTHDATE 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 _____

Please return to: Office of Family & Graduate Housing
 PO Box 10920
 Berrien Springs MI 49104-0920 USA

Phone: 269.471.6979
Email: famgradhousing@andrews.edu
Online: 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, **you must submit 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 SEMINARY UNDERGRADUATE

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 (_____) _____ MOBILE PHONE (_____) _____
 E-MAIL 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 _____ BIRTHDATE (M/D/Y) _____ MALE FEMALE
 NAME _____ BIRTHDATE (M/D/Y) _____ MALE FEMALE
 NAME _____ BIRTHDATE (M/D/Y) _____ MALE FEMALE
 NAME _____ BIRTHDATE (M/D/Y) _____ MALE FEMALE

FURNITURE

WILL YOU HAVE A PIANO/ORGAN? YES NO NOTE: Pianos/organs are allowed only on ground floors, and by previous arrangement.

WILL YOU HAVE A FREEZER? YES NO

If you are requesting a furnished apartment, 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 May 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: Qualify for efficiency, one-bedroom or two-bedroom with a roommate. Please rank your preferences with the numbers 1–5, with 1 being your first choice. Married students have priority. **NOTE:** Co-habitation of singles of the opposite gender is not permitted.

STUDENT FAMILY: Please rank your preferences with the numbers 1–5, with 1 being your first 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.

_____ GARLAND EFFICIENCY	TWO-BEDROOM
	_____ BEECHWOOD (UNFURNISHED)
ONE-BEDROOM	_____ BEECHWOOD (FURNISHED)
_____ GARLAND (FURNISHED)	_____ GARLAND (UNFURNISHED)
_____ GARLAND (UNFURNISHED)	_____ GARLAND (FURNISHED)
_____ BEECHWOOD (FURNISHED)	_____ MAPLEWOOD (UNFURNISHED)
_____ BEECHWOOD (UNFURNISHED)	_____ MAPLEWOOD (FURNISHED)
ONE-BEDROOM WITH AIR CONDITIONING	THREE-BEDROOM
_____ MAPLEWOOD (FURNISHED)	_____ GARLAND (UNFURNISHED)
_____ MAPLEWOOD (UNFURNISHED)	_____ GARLAND (FURNISHED)
TWO-BEDROOM WITH AIR CONDITIONING	_____ BEECHWOOD (UNFURNISHED)
_____ MAPLEWOOD (UNFURNISHED)	_____ BEECHWOOD (FURNISHED)
_____ MAPLEWOOD (FURNISHED)	FOUR-BEDROOM
THREE-BEDROOM WITH AIR CONDITIONING	_____ BEECHWOOD (UNFURNISHED)
_____ GARLAND (FURNISHED)	
_____ MAPLEWOOD (UNFURNISHED)	
_____ MAPLEWOOD (FURNISHED)	

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 Office of Family & Graduate Housing (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 30 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 _____

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

(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 (second, third and fourth year not applicable to postprofessional physical therapy students) 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/sfs 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. 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—(Not applicable for graduate students)

FULL NAME _____ EMPLOYER _____

COMPLETE POSTAL ADDRESS _____

HOME TELEPHONE (_____) _____ EMAIL _____

MOTHER'S INFORMATION—(Not applicable for graduate students)

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 _____