



CONTACT INFO

UNDERGRADUATE—Phone: 800-253-2874 or 269-471-7771, Fax: 269-471-2670, Email: undergrad@andrews.edu
GRADUATE—Phone: 800-253-2874 or 269-471-6321, Email: graduate@andrews.edu

STUDENT INFORMATION

(print legibly)

Last/Family Name _____ First Name _____
Middle Name _____ Maiden/Previous Name(s) _____
Home Street Address _____
City _____ State _____ Zip/Postal Code _____ Country _____
Home Telephone _____ Cell Phone _____
Email Address _____

Gender Male Female Birth Date: M/D/Y _____ U.S. Social Security Number --

Citizenship U.S. Citizen Permament Resident /DACA Other Country of Citizenship _____

Ethnicity Hispanic Non-Hispanic

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 origins; we and the government recognize that the categories are not perfect or inclusive of everyone's complex backgrounds. Nevertheless, please select the one group with which you most closely identify.

Black American Indian or Alaskan Native Asian Pacific Islander White

Marital Status Single Married Separated Divorced Widowed

Religious Preference Seventh-day Adventist Other Denomination None

SCHOOL INFORMATION

Anticipated date of enrollment: Year _____ Semester: Summer (May/June) Fall (August) Spring (January)

What level of course(s) do you plan to take? Undergraduate Bachelors OR Graduate Masters Doctoral

Graduate Students Only: What course(s) are you interested in taking? _____

Do you plan to attend course(s) On-campus OR Online/Field-based

Education completed High School Bachelors Masters Doctoral

Have you attended Andrews before? Yes No If yes, please fill in the following: ID# _____

Attended On-campus Extension School What term did you last attend: Term _____ Year _____

Veteran of the U.S. Armed Forces? Yes No Veteran's dependent eligible for schooling benefits
 Veteran, but no longer eligible for schooling benefits

Please indicate where you plan to live while attending Andrews University Residence Hall University Apartment Community

If your employer is paying for your tuition: Employer name: _____ Approval Signature: _____

Typing your first/last name in the field above indicates your signature.

Are you taking courses for teacher certification? Yes No

If your employer/conference is paying for your tuition: Organization name: _____

I understand that:

PLEASE READ CAREFULLY

- In signing this form, I certify that all the information given in this application is complete and accurate.
- Andrews University may verify any information that I have provided. Falsification or omission of information may result in the withdrawal of my application or in the revocation of admission and/or registration.
- The approval of this application does not constitute admission into a degree granting program at Andrews University. I must make formal application to a degree program if I want to earn a degree.
- I must submit a new application for every semester that I take classes.
- It is my responsibility in conjunction with my home institution advisor to complete any necessary steps to ensure the classes will be accepted for credit.

Signature _____ Date _____

Typing your first/last name in the field above indicates your signature.

TO SUBMIT: Please email the completed form to Undergraduate or Graduate email as listed above.