

ACADEMIC INFORMATION

Anticipated semester of enrollment: Fall (August) _____ year Spring (January) _____ year Summer (May/June) _____ year

What level of degree do you plan to take? Masters Doctoral

Intended academic degree or major _____

Please go to andrews.edu/grad/programs for a complete list of graduate degree programs and application due dates for each program.

Do you plan to attend course(s) On-campus Online Off-campus: site _____

EDUCATIONAL HISTORY

Please list all the schools from which you received a degree. *Note: Please attach a separate sheet if necessary.*

1. Name of College _____ Attended from M/Y _____ to M/Y _____

Degree _____ Was English the language of instruction at this institution? Yes No

2. Name of College _____ Attended from M/Y _____ to M/Y _____

Degree _____ Was English the language of instruction at this institution? Yes No

3. Name of College _____ Attended from M/Y _____ to M/Y _____

Degree _____ Was English the language of instruction at this institution? Yes No

REFERENCES

Each program may have its own requirements for references. Please go to andrews.edu/grad/programs to determine the references you need for your program. It is essential that you provide us with complete and correct information, including an active email address.

Name _____ Position _____

Years Known _____ Telephone _____ Email Address _____

Name _____ Position _____

Years Known _____ Telephone _____ Email Address _____

Name _____ Position _____

Years Known _____ Telephone _____ Email Address _____

Have you ever been suspended, dismissed or asked to withdraw from high school or college? No Yes: Date & nature of offense _____

Have you ever been convicted of a felony or misdemeanor? No Yes: Date, city/state, and nature of offense _____

I understand that any falsification or omission of information related to the admission process is reason for immediate cancellation of my application and/or denial or withdrawal of admission to Andrews University. I give consent to Andrews University to process the personal data that I have provided and understand that Andrews University may contact me. I understand that this data is collected and will be stored for as long as needed.

Signature _____ Date _____

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

TO SUBMIT: Please email the completed form to the Office of Graduate Admissions at graduate@andrews.edu

