

PERSONAL INFORMATION

NAME OF APPLICANT _____ ID # _____

BIRTHDATE (M/D/Y) _____ DEGREE APPLYING FOR _____

LEVEL OF STUDY APPLYING FOR UNDERGRADUATE MASTER'S LEVEL DOCTORAL LEVEL MASTER OF DIVINITY CIEP ENGLISH (SECOND LANGUAGE)

I AM PLANNING TO ATTEND FROM _____ TO _____ PHONE NUMBER _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

NAME & ADDRESS OF U.S RELATIVES (IF ANY): _____

MARITAL STATUS SINGLE MARRIED NUMBER OF CHILDREN DEPENDENT ON YOUR SUPPORT _____

CITIZENSHIP: COUNTRY _____ STATE/PROVINCE _____

1) EXPENSES	First Year	Second Year	Third Year	Fourth Year
Tuition & Fees				
Books & Supplies				
Dorm & Meal Plan				
Off-Campus Housing				
Dependent Expenses				
Living Expenses				
Health Insurance				
Other _____				
TOTAL				

2) RESOURCES (IN U.S. DOLLARS)	
Personal and/or Family Funds Attach proof of funds - ie. Official Bank Statements/Documents	
Sponsorship Attach official letter of sponsorship - ie. Official Bank Statements/Documents	
Attach proof of loan approval	
Scholarship	
Please specify _____	
TOTAL	

IMPORTANT INFORMATION

- Please have this document signed by the individual who will be financially responsible for the student
- If you have your own insurance to cover during your stay in the US, you will not be required to take AU insurance
- If you are planning to work while on campus, you can add up to \$5,000 (per year) for campus employment (in the resources section)
- Please request a customized budget sheet if you are planning to attend with your spouse/children
- PLEASE NOTE: The budget sheet is an ESTIMATE ONLY. Please contact your academic department and financial advisor for exact numbers

FINANCIAL RESPONSIBILITY: The following statement must be signed.

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 payment 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, 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, diploma 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 _____