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 detailed instruction on the next page about the requirements for the GRE/GMAT and the TOFEL/MELAB tests as well as information on specific requirements for certain degrees. If you have any further questions don’t hesitate to contact us.

NOTE: This application is not to be used to apply for an MDiv or DMin program, or for any Physical Therapy program. Please contact the Office of Graduate Admissions for a separate application packet for these programs.

Application and $40 Application Fee
The enclosed application must be completed entirely, printed in ink or typed, and signed by the applicant before beginning the admissions process. A $40 application fee is required and should be submitted at the time of application. 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.

Statement of Purpose and Professional History/Resume
This form allows the Admissions Committee to gain a clear idea of the applicant’s goals and objectives, and see where his/her 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. One recommendation should be from an academic source. 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. 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 of applicants educated outside of the United States. Transcript request forms are provided for your convenience.

NOTE: Transcripts received become property of the university and may be released intra-campus for purposes of academic advisement, evaluation and administration as deemed necessary.

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.

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 admission process.

Estimated Budget Sheet
All applicants attending on a student visa (F-1 or J-1) must complete this enclosed form. 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 is granted, the I-20 or 2019 form will be sent to you.

Passport Identification Page—For students attending on a visa
A photocopy of the pages in your passport that include your name and other biographical information is required before your 1-20 can be issued. Please send this with your application.

Immunization Record
Although not required for acceptance to an Andrews University program, this form must be completed before a student can register 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 submit this form. If you have any questions, please call the Student Health Nurse at 269.473.2222.

Residence Hall/Housing Applications
Applicants desiring on-campus housing should complete one of these forms. Residence Hall applications are for single students only. Non-Dormitory Housing applications are for those who are single and over 22 years old, married, or have families.
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.

INFORMATION ON REQUIRED TESTS

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, MAPMin and MAYM degrees do not have to take the GRE/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 you may email gre-info@ets.org or call 609.771.7670. GMAT testing sites, dates and information are found at www.mba.com, or you may email gmat@ets.org or call 609.771.7670. You can also 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 the GRE or GMAT tests.

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 213 on the computer-based TOEFL or 80 on iBT TOEFL or 80 on the Michigan English Language Assessment Battery (MELAB) is required. Applicants to MA: English or Teaching English as a Second Language, MA: English, MAT: English or English as a Second Language, and MA: Interdisciplinary Communication must have higher scores of at least 600 on the paper-based TOEFL or 250 on the computer-based TOEFL or 100 on iBT TOEFL or 90 on the MELAB. 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 AU 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 AU English Language Institute (ELI). TOEFL testing sites, dates and information are found at www.toefl.org, or you may email toefl@ets.org or call 609.771.7100. You can also 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.

ENGLISH PROFICIENCY REQUIREMENT
   English is the language of instruction for most programs at Andrews University. All students whose first language is not English and who are applying for admission must demonstrate their English proficiency. Please see page 4 of the International Student Information brochure for a list criteria by which you can demonstrate English proficiency.
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); please include with this application.

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<thead>
<tr>
<th>LAST/FAMILY NAME</th>
<th>FIRST NAME</th>
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<td>STATE</td>
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<tr>
<th>TEMPORARY TELEPHONE ( )</th>
<th>AT TEMPORARY ADDRESS: FROM M/D/Y TO M/D/Y</th>
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</thead>
</table>

### PROGRAM DATA

**WHICH DEGREE ARE YOU APPLYING FOR? (Please also note specific Program and Concentration/Emphasis below)**

- [ ] MA  [ ] MS  [ ] March  [ ] MAPmin  [ ] MAT  [ ] MAYM  [ ] MBA  [ ] MMus  [ ] MSA  [ ] MSCLS  [ ] MSW  [ ] MTh  [ ] EdS
- [ ] EdD  [ ] PhD  [ ] ThD  [ ] GRADUATE CERTIFICATE

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>CONCENTRATION/EMPHASIS</th>
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</thead>
</table>

**OFF-CAMPUS PROGRAM SITE (if applicable)**

**ANTICIPATED TERM OF ENROLLMENT**

- [ ] SUMMER (MAY/JUNE) 20
- [ ] AUTUMN (AUG) 20
- [ ] SPRING (JAN) 20

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<th>SEX</th>
<th>MALE</th>
<th>FEMALE</th>
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</table>

**BIRTH DATE: M/D/Y | COUNTRY OF BIRTH**

**U.S. SOCIAL SECURITY NUMBER**

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<tr>
<th>ID</th>
<th>G</th>
<th>Amount</th>
<th>Receipt</th>
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</table>

**FOR NON-U.S. CITIZENS ONLY: ARE YOU PERMANENT RESIDENT OF UNITED STATES?**

- [ ] YES: STATE __________ ALIEN CARD# __________
- [ ] NO: CIRCLE ONE  
  - STUDENT VISA F-1
  - VISITORS VISA B-2
  - DEPENDENT F-2
  - DEPENDENT J-2
  - EXCHANGE VISITOR
  - J-1 SPONSORED
  - REFUGEE VISA

**NATIVE LANGUAGE**

| NUMBER OF YEARS OF STUDY IN AN ENGLISH SPEAKING SCHOOL |

**ETHNICITY:** 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/ NON-HISPANIC
- [ ] AMERICAN INDIAN OR ALASKAN NATIVE
- [ ] ASIAN OR PACIFIC ISLANDER
- [ ] HISPANIC
- [ ] WHITE/ NON-HISPANIC

**MARITAL STATUS**

- [ ] SINGLE
- [ ] MARRIED

**RELIGIOUS PREFERENCE**

- [ ] SEVENTH-DAY ADVENTIST
- [ ] OTHER DENomination (PLEASE SPECIFY) 

Please turn sheet over to continue
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):

1) Name of Institution ____________________________

Attended From (MO/YR): __________ To (MO/YR): __________

City, State, Country ____________________________

Degree and Major Completed __________________

Actual Date of Completion ____________________________

2) Name of Institution ____________________________

Attended From (MO/YR): __________ To (MO/YR): __________

City, State, Country ____________________________

Degree and Major Completed __________________

Actual Date of Completion ____________________________

3) Name of Institution ____________________________

Attended From (MO/YR): __________ To (MO/YR): __________

City, State, Country ____________________________

Degree and Major Completed __________________

Actual Date of Completion ____________________________

4) Name of Institution ____________________________

Attended From (MO/YR): __________ To (MO/YR): __________

City, State, Country ____________________________

Degree and Major Completed __________________

Actual Date of Completion ____________________________

5) Name of Institution ____________________________

Attended From (MO/YR): __________ To (MO/YR): __________

City, State, Country ____________________________

Degree and Major Completed __________________

Actual Date of Completion ____________________________

6) Name of Institution ____________________________

Attended From (MO/YR): __________ To (MO/YR): __________

City, State, Country ____________________________

Degree and Major Completed __________________

Actual Date of Completion ____________________________

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 __________

Housing Application Sent ____________________________ By __________

Financial Statement Sent ____________________________ By __________

Medical Forms Sent ____________________________ By __________

END
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.
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.

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<tr>
<th>EMPLOYING ORGANIZATION</th>
<th>TITLE OR OFFICE</th>
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LOCATION

DATES: FROM TO

EMPLOYING ORGANIZATION

TITLE OR OFFICE

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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 ___________________________
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

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.

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<tr>
<th>CHARACTERISTICS</th>
<th>SUPERIOR</th>
<th>EXCELLENT</th>
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<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
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<td>MOTIVATION FOR GRADUATE WORK</td>
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<td>INTELLECTUAL ABILITY FOR GRADUATE WORK</td>
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<td>BREADTH OF GENERAL KNOWLEDGE</td>
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<td>UNDERSTANDING OF MAJOR FIELD</td>
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<td>ABILITY TO ANALYZE IDEAS</td>
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<td>PROMISE IN RESEARCH/SCHOLARSHIP/ENDEAVOR</td>
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<td>POTENTIAL FOR SERVICE IN CHOSEN FIELD</td>
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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 ___________________________
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 ____________

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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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 ☐ ☐ ☐ ☐ ☐ ☐

INTELLECTUAL ABILITY FOR GRADUATE WORK ☐ ☐ ☐ ☐ ☐ ☐

BREADTH OF GENERAL KNOWLEDGE ☐ ☐ ☐ ☐ ☐ ☐

UNDERSTANDING OF MAJOR FIELD ☐ ☐ ☐ ☐ ☐ ☐

ABILITY TO ANALYZE IDEAS ☐ ☐ ☐ ☐ ☐ ☐

ETHICAL STANDARDS AND INTEGRITY ☐ ☐ ☐ ☐ ☐ ☐

INTERPERSONAL RELATIONS ☐ ☐ ☐ ☐ ☐ ☐

PROFESSIONALISM ☐ ☐ ☐ ☐ ☐ ☐

ORGANIZATIONAL ABILITY ☐ ☐ ☐ ☐ ☐ ☐

LEADERSHIP ABILITY ☐ ☐ ☐ ☐ ☐ ☐

DEPENDABILITY ☐ ☐ ☐ ☐ ☐ ☐

EMOTIONAL STABILITY ☐ ☐ ☐ ☐ ☐ ☐

PROMISE IN RESEARCH/SCHOLARSHIP/ENDEAVOR ☐ ☐ ☐ ☐ ☐ ☐

POTENTIAL FOR SERVICE IN CHOSEN FIELD ☐ ☐ ☐ ☐ ☐ ☐

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 ___________________________
**APPLICANT INFORMATION AND AUTHORIZATION**—TO BE COMPLETED BY APPLICANT

**FULL NAME**

**DEGREE PROGRAM FOR WHICH YOU ARE APPLYING**

**BIRTH DATE (M/D/Y)**

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.

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

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**
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 ____________________________
CITY ____________________________ STATE ________________ ZIP CODE ________________ COUNTRY ____________________________

SIGNATURE ____________________________ DATE ____________________________
PLEASE PRINT CLEARLY

<table>
<thead>
<tr>
<th>U.S. SOCIAL SECURITY NUMBER</th>
<th>AU ID NUMBER (if known)</th>
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<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
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<th>HOME: STREET ADDRESS</th>
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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTRY</th>
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<th>HOME TELEPHONE</th>
<th>EMAIL ADDRESS</th>
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<tr>
<th>BIRTH DATE MONTH</th>
<th>DAY</th>
<th>YEAR</th>
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<th>SEX</th>
<th>MALE</th>
<th>FEMALE</th>
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<tr>
<th>LEVEL</th>
<th>UNDERGRADUATE</th>
<th>GRADUATE</th>
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<tr>
<th>ANTICIPATED TERM OF ENROLLMENT</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
<th>YEAR</th>
</tr>
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<tr>
<th>WHERE DO YOU PLAN TO LIVE</th>
<th>DORM</th>
<th>UNIVERSITY APARTMENT</th>
<th>COMMUNITY</th>
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<thead>
<tr>
<th>HAVE YOU ATTENDED ANDREWS BEFORE?</th>
<th>NO</th>
<th>YES: FROM MO/YR</th>
<th>TO MO/YR</th>
</tr>
</thead>
<tbody>
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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.

<table>
<thead>
<tr>
<th>M.M.R.</th>
<th>TUBERCULOSIS (TB) SCREENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two doses required</td>
<td>Required within 6 months prior to registration</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOSE 1: GIVEN AT AGE 12 MONTHS OR LATER</th>
<th>M/D/Y / /</th>
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</thead>
<tbody>
<tr>
<td>TB SKIN TEST</td>
<td>M/D/Y / /</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DOSE 2: GIVEN AT AGE 4-6 OR LATER</th>
<th>M/D/Y / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESULTS:</td>
<td>○ NEGATIVE</td>
</tr>
<tr>
<td>MM OF IN DURATION</td>
<td>○ UNKNOWN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RUBEOLA (MEASLES) ANTIBODY TITER</th>
<th>M/D/Y / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESULTS</td>
<td>○ IMMUNE</td>
</tr>
<tr>
<td>BCG GIVEN:</td>
<td>○ YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHEST X-RAY</th>
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</thead>
<tbody>
<tr>
<td>Required within one year only if TB skin test is positive</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CHEST X-RAY DATE</th>
<th>M/D/Y / /</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CHEST X-RAY RESULTS</th>
<th>○ POSITIVE, EVIDENCE OF ACTIVE TB</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>○ NEGATIVE</th>
<th>○ NEGATIVE, EVIDENCE OF INACTIVE TB</th>
</tr>
</thead>
</table>

Please turn sheet over to continue.
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.

<table>
<thead>
<tr>
<th>TETANUS-DIPHTHERIA</th>
<th>POLIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary series with DTaP or DTP and booster at 4-6 year and every 10 years thereafter</td>
<td>Primary series of 3 (oral) or 4 (injectable) doses plus a booster during childhood</td>
</tr>
<tr>
<td>DOSE 1: M/D/Y / /</td>
<td>DOSE 1: M/D/Y / /</td>
</tr>
<tr>
<td>DOSE 2: M/D/Y / /</td>
<td>DOSE 3: M/D/Y / /</td>
</tr>
<tr>
<td>BOOSTER (WITHIN 10 YEARS) M/D/Y / /</td>
<td>BOOSTER (WITHIN 10 YEARS) M/D/Y / /</td>
</tr>
<tr>
<td>○ IMMUNIZATION LIKELY, NO RECORDS ○ NOT IMMUNIZED</td>
<td>○ IMMUNIZATION LIKELY, NO RECORDS ○ NOT IMMUNIZED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEPATITIS B</th>
<th>VARICELLA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three doses of vaccine or a positive Hepatitis B Surface Antibody (HBSAb)</td>
<td>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</td>
</tr>
<tr>
<td>DOSE 1: M/D/Y / /</td>
<td>HISTORY OF DISEASE ○ YES ○ NO</td>
</tr>
<tr>
<td>DOSE 2: M/D/Y / /</td>
<td>VACCINATION DOSE 1: M/D/Y / /</td>
</tr>
<tr>
<td>DOSE 3: M/D/Y / /</td>
<td>*BOOSTER DOSE 2: M/D/Y / /</td>
</tr>
<tr>
<td>HEPATITIS B SURFACE ANTIBODY M/D/Y / /</td>
<td>*AT LEAST ONE MONTH AFTER 1ST DOSE IF GIVEN AFTER AGE 13</td>
</tr>
<tr>
<td>RESULTS ○ IMMUNE ○ NON-IMMUNE</td>
<td>VARICELLA ANTIBODY M/D/Y / /</td>
</tr>
<tr>
<td>○ IMMUNIZATION LIKELY, NO RECORDS ○ NOT IMMUNIZED</td>
<td>RESULTS ○ IMMUNE ○ NON-IMMUNE</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>MENINGOCOCCUS</th>
<th>INFLUENZA</th>
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<tbody>
<tr>
<td>Recommended for freshman students, age 25 and below, living in a residence hall and for individuals with immunodeficiency or who have had a splenectomy</td>
<td>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.</td>
</tr>
<tr>
<td>VACCINATION M/D/Y / /</td>
<td>VACCINATION M/D/Y / /</td>
</tr>
<tr>
<td>○ IMMUNIZATION LIKELY, NO RECORDS ○ NOT IMMUNIZED</td>
<td>○ IMMUNIZATION LIKELY, NO RECORDS ○ NOT IMMUNIZED</td>
</tr>
</tbody>
</table>

HEALTH CARE PROVIDER

FIRST NAME ___________________________ LAST NAME ___________________________

STREET ADDRESS _____________________________________________________________

CITY ___________________________ STATE ___________ ZIP CODE ___________ COUNTRY ___________

TELEPHONE ___________________________ FAX NUMBER ___________________________

SIGNATURE ___________________________ DATE ___________________________
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

Please turn sheet over to continue
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

Please note that 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
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 SINGLES SINGLES (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 ANDREW'S 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/organ are allowed only on ground floors, and by previous arrangement. Please list below the major items of furniture you will bring with you:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Please turn sheet over to continue
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.

1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5

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.

1 2 3 4 5 ONE-BEDROOM
1 2 3 4 5 TWO-BEDROOM
1 2 3 4 5 THREE-BEDROOM
1 2 3 4 5 FOUR-BEDROOM

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 __________________________
### 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:

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Your Age</th>
<th>Year in School</th>
<th>Kind of School</th>
<th>Full Name of School</th>
<th>School Address (City and Country)</th>
<th>Language of Instruction</th>
<th>Certificates, Diplomas, and/or Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996-1997</td>
<td>17</td>
<td>12</td>
<td>Secondary</td>
<td>Stanborough Park</td>
<td>Stanborough, England</td>
<td>English</td>
<td>6 GCE &quot;0&quot; Levels</td>
</tr>
<tr>
<td>2001-2002</td>
<td>22</td>
<td>16</td>
<td>Senior</td>
<td>Andrews University</td>
<td>Berrien Springs, Michigan; USA</td>
<td>English</td>
<td>B.A. English</td>
</tr>
</tbody>
</table>

Please mark here if information is continued on back ☐
<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Your Age</th>
<th>Year in School</th>
<th>Form, Grade, or Standard</th>
<th>Kind of School</th>
<th>Full Name of School</th>
<th>School Address (City and Country)</th>
<th>Language of Instruction</th>
<th>Certificates, Diplomas, and/or Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td></td>
<td></td>
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<td>20</td>
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<td></td>
</tr>
</tbody>
</table>
## EXPENSE FORM

Please complete your annual budget by listing: 1) expenses for your first four years 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/SF](http://www.andrews.edu/SF) 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. NOTE: This form must be completed in full and submitted by August 1. Incomplete information or late forms might result in a delay of your financial acceptance.

### 1) EXPENSES

<table>
<thead>
<tr>
<th>Expenses</th>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
<th>Fourth Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Dorm &amp; Meal Plan</td>
<td></td>
<td></td>
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<tr>
<td>Off-Campus Housing</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Dependent Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### 2) RESOURCES (IN U.S. DOLLARS)

<table>
<thead>
<tr>
<th>Resources</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal and/or Family Funds</td>
<td>Attach proof of funds</td>
</tr>
<tr>
<td></td>
<td>- i.e. Official Bank Statements/Documents</td>
</tr>
<tr>
<td>General Conference/</td>
<td></td>
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<tr>
<td>Conference/Division Assistance</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sponsorship/Scholarship</td>
<td></td>
</tr>
<tr>
<td>Attach official letter of sponsorship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- i.e. Official Bank Statements/Documents</td>
</tr>
<tr>
<td></td>
<td>MUST PAY FIRST SEMESTER IN FULL</td>
</tr>
<tr>
<td>Government Loans</td>
<td></td>
</tr>
<tr>
<td>Attach proof of loan approval</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 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

FULL NAME ___________________________________________ EMPLOYER __________________________

COMPLETE POSTAL ADDRESS ________________________________________________________________

__________________________________________________________

HOME TELEPHONE (_______) _______________________________ EMAIL ____________________________

MOTHER'S INFORMATION

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 ____________________________

END
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 __________________________