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 information located on the next page about specific requirements for certain degrees/programs. If you have any further questions don’t hesitate to contact us.

NOTE: The following individuals should not use this application packet:

- Non-U.S. Residents
- Students applying for an MDiv or DMin program
- Students applying for any Physical Therapy program

Please contact the Office of Graduate Admissions for a separate application packet if you fall into any of these categories.

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<tr>
<th>Application and $40 Application Fee</th>
<th>Immunization Record</th>
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<tr>
<td>Applications must be completed entirely, printed in ink or typed, and signed before the admissions process can begin. This form is enclosed. A $40 application fee is required and should be submitted at the time of application. We accept cash, credit card, check or money order. Make checks or money orders payable to Andrews University.</td>
<td>Although not required for acceptance to an Andrews University program, this form must be completed before registering 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 turn this form in. If you have any questions, please call the Student Health Nurse at 269.473.2222.</td>
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<tr>
<th>Statement of Purpose and Professional History/Resume</th>
<th>Residence Hall/Housing Applications (optional)</th>
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<tr>
<td>This form allows the Admissions Committee to understand your goals and objectives and determine where your experience lies. Please follow the instructions carefully on both sides of the enclosed form.</td>
<td>Applicants desiring on-campus housing should complete one of these forms. Residence Hall applications are for single students only and Non-Dormitory Housing applications are for those who are single and over 22 years old, married, or have families. A list of local landlords and realtors is also available upon request.</td>
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<tr>
<th>Recommendation Forms</th>
<th>GRE/GMAT</th>
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<td>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. Recommendations should be sent in by the evaluator to AU Graduate Admissions. Be sure your name is on each form.</td>
<td>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, or degrees in MAPMin and MAYM do not have to take the GRE or the 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 <a href="http://www.gre.org">www.gre.org</a> or email <a href="mailto:gre-info@ets.org">gre-info@ets.org</a> or call 609.771.7670. GMAT testing sites, dates and information are found at <a href="http://www.mba.com">www.mba.com</a> or email <a href="mailto:gmat@ets.org">gmat@ets.org</a> or call 609.771.7670.</td>
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<th>Official Transcripts</th>
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<td>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. Official and certified copies of examination reports and all secondary certificates (e.g., &quot;O&quot; and &quot;A&quot; levels) are also required if you have been educated outside of the United States. Transcript request forms are provided for your convenience. <strong>NOTE:</strong> Transcripts become property of the university and may be released intra-campus for purposes of academic advisement, evaluation and administration as deemed necessary.</td>
<td>If English is not your first language or you are not a four-year graduate of a high school or an accredited college/university in a country where English is the spoken language or medium of instruction, you are required to take the TOEFL or the MELAB. Please contact the AU Graduate Admissions office for further information.</td>
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Please turn sheet over to continue
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.
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.
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 ____________
Residence Hall App. Sent ____________ By ____________
Housing Application 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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**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 __________________________

END
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 (if applicable)

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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<th>CHARACTERISTICS</th>
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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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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 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. 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>
</tr>
</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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</tbody>
</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

NAME (Please print as appears on record)

HOME ADDRESS: STREET NAME
CITY STATE ZIP CODE COUNTRY

SIGNATURE DATE
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 ___________________________ EMAIL ADDRESS ___________________________

BIRTH DATE 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 ○ COMMUNITY

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.

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 ________ / ________ / ________

RUBEOLA (MEASLES) ANTIBODY TITER M/D/Y ________ / ________ / ________

RESULTS ○ IMMUNE ○ NON-IMMUNE

TBERCULOSIS (TB) SCREENING

Required within 6 months prior to registration

TB SKIN TEST M/D/Y ________ / ________ / ________

RESULTS: ○ NEGATIVE ○ POSITIVE

MM OF IN DURATION ________ / ________ / ________ ○ UNKNOWN

BCG GIVEN: ○ YES ○ NO ○ 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 ○ POSITIVE, EVIDENCE OF ACTIVE TB

○ NEGATIVE ○ 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.

<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 2: M/D/Y / /</td>
</tr>
<tr>
<td>DOSE 3: M/D/Y / /</td>
<td>DOSE 3: M/D/Y / /</td>
</tr>
<tr>
<td>DOSE 4: M/D/Y / /</td>
<td>DOSE 4: 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</td>
<td>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>

<table>
<thead>
<tr>
<th>MENINGOCOCCUS</th>
<th>INFLUENZA</th>
</tr>
</thead>
<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 ______________________________
### 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
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

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
To have your application processed, please submit with this application a $320 application fee ($270 for single students applying with a roommate) payable to Andrews University 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 single accommodations.

Please indicate your school of attendance: ☐ GRADUATE SCHOOL ☐ SEMINARY ☐ UNDERGRADUATE SCHOOL

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 __________________________

HOME TELEPHONE (______ ) __________________________ EMAIL ADDRESS __________________________

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 ☐ SINGLE ☐ SINGLE (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 __________________________ 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 __________________________ 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/organs 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 0 0 1 2
- GARLAND EFFICIENCY
- GARLAND ONE-BEDROOM
- MAPLEWOOD ONE-BEDROOM WITH AIR-CONDITIONING
- BEECHWOOD OR MAPLEWOOD TWO-BEDROOM WITHOUT AIR-CONDITIONING

(For two same-sex singles to share, not rented to one person only)

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
- GARLAND (FURNISHED)
- MAPLEWOOD (FURNISHED)
- BEECHWOOD (UNFURNISHED)

1 2 3 4 5 ONE-BEDROOM WITH AIR-CONDITIONING
- GARLAND (FURNISHED)
- MAPLEWOOD (UNFURNISHED)
- BEECHWOOD (FURNISHED)

1 2 3 4 5 TWO-BEDROOM WITH AIR CONDITIONING
- GARLAND (FURNISHED-ONE ONLY)
- GARLAND (FURNISHED)
- MAPLEWOOD (UNFURNISHED)
- BEECHWOOD (UNFURNISHED)

1 2 3 4 5 THREE-BEDROOM
- GARLAND (FURNISHED)
- MAPLEWOOD (FURNISHED)
- BEECHWOOD (UNFURNISHED)

1 2 3 4 5 FOUR-BEDROOM
- GARLAND (FURNISHED)
- MAPLEWOOD (UNFURNISHED)
- BEECHWOOD (UNFURNISHED)

CURRENT INFORMATION

CURRENT LANDLORD’S NAME ___________________________ ADDRESS ___________________________ PHONE ___________________________

PREVIOUS LANDLORD’S NAME ___________________________ ADDRESS ___________________________ PHONE ___________________________

Please indicate your financial resources: 0 SELF-SPONSORED 0 GENERAL CONFERENCE/DIVISION SUBSIDY 0 LOCAL CONFERENCE SPONSORED

0 GOVERNMENT LOANS/GRANTS 0 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 ___________________________