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.

Application and $40 Application Fee
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.

Statement of Purpose and Professional History/Resume
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.

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. 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. Official and certified copies of examination reports and all secondary certificates (e.g., “O” and “A” levels) are also required if you have been educated outside of the United States. Transcript request forms are provided for your convenience.

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

Immunization Record
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.

Residence Hall/Housing Applications (optional)
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.

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, 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 www.gre.org or email gre-info@ets.org or call 609.771.7670. GMAT testing sites, dates and information are found at www.mba.com or email gmat@ets.org or call 609.771.7670.

TOEFL/MELAB
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.
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.

PLEASE PRINT CLEARLY—NOTE: There is an application fee of $40 (non-refundable); please include with this application.

LAST/FAMILY NAME ___________________________ FIRST NAME ___________________________

MIDDLE NAME ___________________________ MAIDEN/PREVIOUS NAME(S) ___________________________

HOME: STREET ADDRESS ___________________________ APT # ___________________________

CITY ___________________________ STATE ___________________________ ZIP CODE ___________________________ COUNTRY ___________________________

HOME TELEPHONE (__________) ___________________________ EMAIL ADDRESS ___________________________

WORK TELEPHONE (__________) ___________________________ CELL NUMBER (__________) ___________________________

TEMPORARY MAILING ADDRESS (IF DIFFERENT FROM ABOVE): STREET ADDRESS ___________________________ APT # ___________________________

CITY ___________________________ STATE ___________________________ ZIP CODE ___________________________ COUNTRY ___________________________

TEMPORARY TELEPHONE (__________) ___________________________ AT TEMPORARY ADDRESS: FROM M/D/Y ___________ TO M/D/Y ___________

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

CONCENTRATION/EMPHASIS ___________________________

OFF-CAMPUS PROGRAM SITE (if applicable) ___________________________

ANTICIPATED TERM OF ENROLLMENT ☐ SUMMER (MAY/JUNE) 20____ ☐ AUTUMN (AUG) 20____ ☐ SPRING (JAN) 20____

SEX ☐ MALE ☐ FEMALE

BIRTH DATE: M/D/Y ___________ COUNTRY OF BIRTH ___________________________

U.S. SOCIAL SECURITY NUMBER ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ CITIZENSHIP: COUNTRY AND STATE/PROVINCE ___________________________

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
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.

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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 ____________________________
(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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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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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?

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INSTITUTION ___________________________________________ POSITION ___________________________ PHONE NUMBER ( _____ ) ______________________

MAILING ADDRESS ________________________________________________
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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>
</tr>
</thead>
<tbody>
<tr>
<td>MOTIVATION FOR GRADUATE WORK</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>INTELLECTUAL ABILITY FOR GRADUATE WORK</td>
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<tr>
<td>BREADTH OF GENERAL KNOWLEDGE</td>
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<tr>
<td>UNDERSTANDING OF MAJOR FIELD</td>
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<td>☐</td>
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<td>☐</td>
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<tr>
<td>ABILITY TO ANALYZE IDEAS</td>
<td>☐</td>
<td>☐</td>
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<td>ETHICAL STANDARDS AND INTEGRITY</td>
<td>☐</td>
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<td>INTERPERSONAL RELATIONS</td>
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<td>PROFESSIONALISM</td>
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<tr>
<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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<td>☐</td>
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<tr>
<td>PROMISE IN RESEARCH/SCHOLARSHIP/PENDEAVOR</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>POTENTIAL FOR SERVICE IN CHOSEN FIELD</td>
<td>☐</td>
<td>☐</td>
<td>☐</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 ____________________________
TO THE REGISTRAR AT:

NAME OF INSTITUTION __________________________________________

ADDRESS: STREET NAME _______________________________________

CITY __________________________ STATE __________ ZIP CODE ________ COUNTRY ________

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 ___________________________ APT # __________________

CITY __________________________ STATE __________ ZIP CODE ________ COUNTRY ________

SIGNATURE __________________________ DATE __________
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 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 ○ 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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</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 ___________________________
### 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)

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
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**HOME: STREET ADDRESS**

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>COUNTRY</th>
<th>ZIP CODE</th>
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**HOME TELEPHONE**

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<tr>
<th>EMAIL ADDRESS</th>
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**TEMPORARY MAILING ADDRESS (If different than above)**

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<tr>
<th>CITY</th>
<th>STATE</th>
<th>COUNTRY</th>
<th>ZIP CODE</th>
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</table>

**TEMPORARY TELEPHONE**

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<tr>
<th>AT TEMPORARY ADDRESS FROM M/D/Y TO M/D/Y</th>
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**NAME OF LAST SCHOOL ATTENDED**

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**SEX**

<table>
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<tr>
<th></th>
<th>MALE</th>
<th>FEMALE</th>
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</table>

**AGE**

<table>
<thead>
<tr>
<th>BIRTH DATE: MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
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</table>

**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**

<p>| |</p>
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</table>

### 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**

<table>
<thead>
<tr>
<th>VERY CLEAN</th>
<th>CLEAN</th>
<th>REASONABLY ORDERLY</th>
<th>PICKED UP ONCE IN A WHILE</th>
</tr>
</thead>
<tbody>
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</table>

**WHAT IS YOUR USUAL BEDTIME? AND YOUR USUAL RISING TIME?**

<table>
<thead>
<tr>
<th>I AM A</th>
<th>HEAVY SLEEPER</th>
<th>LIGHT SLEEPER</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

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

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 SINGLE SINGLE (WITH ROOMMATE) NAME OF ROOMMATE

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:

 tran 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
Ο □ GARLAND EFFICIENCY
Ο □ GARLAND ONE-BEDROOM
Ο □ GARLAND ONE-BEDROOM WITH AIR-CONDITIONING
Ο □ MAPLEWOOD ONE-BEDROOM
Ο □ MAPLEWOOD ONE-BEDROOM WITH AIR-CONDITIONING
Ο □ MAPLEWOOD ONE-BEDROOM WITHOUT AIR-CONDITIONING
Ο □ BEECHWOOD OR MAPLEWOOD TWO-BEDROOM
Ο □ 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
Ο □ ONE-BEDROOM
Ο □ ONE-BEDROOM WITH AIR-CONDITIONING
Ο □ TWO-BEDROOM
Ο □ TWO-BEDROOM WITH AIR CONDITIONING
Ο □ THREE-BEDROOM
Ο □ THREE-BEDROOM WITH AIR CONDITIONING
Ο □ 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 ___________________________
EVALUATION INFORMATION

The Sixteen Personality Factor Questionnaire (16PF) is a highly respected means of evaluating personality and is widely used in business and industry to select those applicants for employment who are best suited for particular occupations.

The Seminary has used the 16PF for many years to help assess how well suited students appear to be for the professional duties and responsibilities within ministry.

Some individuals who, in this way, have discovered that they were not well suited for pastoral ministry have found other satisfying avenues of ministry through the insights provided by their test results.

Completion and submission of the test is a required step in the application process, but the test results are not the sole basis for acceptance decisions.

PLEASE READ THESE INSTRUCTIONS CAREFULLY

There are three simple steps which you are asked to take in order to expedite the processing of your application.

1. Provide the information requested at the bottom of this form.

2. To cover the costs of testing, attach your payment of $20.00 (U.S. Funds) to this sheet and return it to the Andrews University Graduate Admissions Office. Make your check payable to Andrews University. NOTE: You may include this amount with your $40 application fee.

3. When you receive the personality evaluation, follow the directions carefully and return the completed test as instructed.

Your application for admission to the Seminary will only be processed to completion after your test responses have been received.

ABOUT THE PROCEDURE

After your application and testing fee have been received, a message will be sent to your email address with directions about how to take the test on the internet. Clear directions will be provided to assist you to complete the computerized test. When your completed test has been processed, a brief summary of your test results will be mailed to you.

APPLICANT INFORMATION

LAST/FAMILY NAME ___________________________ FIRST NAME ___________________________ MIDDLE INITIAL ________

FULL MAILING ADDRESS ______________________________________________________________

____________________________________________________________

HOME TELEPHONE (_______, ) ___________________________ EMAIL ADDRESS ___________________________

I don't have access to the internet. Please send the test to me on a diskette. ○ YES ○ NO

I authorize the Test Administrator to discuss my test results with the program director in order to expedite the processing of my application ○ YES ○ NO

My payment of $20.00 (U.S. Funds) to cover the cost of the test processing is attached to this sheet ○ YES ○ NO

Please indicate the program to which you are applying: ___________________________