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 I-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 greinfo@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, MA: 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.

### PROGRAM DATA

<table>
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<tr>
<th>WHICH DEGREE ARE YOU APPLYING FOR? (Please also note specific Program and Concentration/Emphasis below)</th>
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<td>☐ MA ☐ MS ☐ March ☐ MAPMin ☐ MAT ☐ MAYM ☐ MBA ☐ MMus ☐ MSA ☐ MSCLS ☐ MSW ☐ MTh ☐ EdS</td>
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<tr>
<td>☐ EdD ☐ PhD ☐ ThD ☐ GRADUATE CERTIFICATE</td>
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<tr>
<th>PROGRAM</th>
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<th>OFF-CAMPUS PROGRAM SITE (if applicable)</th>
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<td>☐ AUTUMN (AUG) 20</td>
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<td>☐ SPRING (JAN) 20</td>
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### HOME: STREET ADDRESS

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### WORK TELEPHONE ( ) | CELL NUMBER ( )

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

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<th>AT TEMPORARY ADDRESS: FROM M/D/Y TO M/D/Y</th>
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### PROGRAM DATA

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<tr>
<th>CITIZENSHIP: COUNTRY AND STATE/PROVINCE</th>
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### FOR NON-U.S. CITIZENS ONLY: ARE YOU PERMANENT RESIDENT OF UNITED STATES?

<table>
<thead>
<tr>
<th>☐ YES: STATE ALIEN CARD#</th>
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<tr>
<th>☐ NO: CIRCLE ONE</th>
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<tr>
<td>STUDENT VISA F-1</td>
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<tr>
<td>VISITORS VISA B-2</td>
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<tr>
<td>DEPENDENT F-2</td>
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<tr>
<td>DEPENDENT J-2</td>
</tr>
<tr>
<td>EXCHANGE VISITOR</td>
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<tr>
<td>J-1 SPONSORED</td>
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<td>REFUGEE VISA</td>
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<tr>
<th>NATIVE LANGUAGE</th>
<th>NUMBER OF YEARS OF STUDY IN AN ENGLISH SPEAKING SCHOOL</th>
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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.

<table>
<thead>
<tr>
<th>☐ BLACK/NON-HISPANIC</th>
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<tbody>
<tr>
<td>☐ AMERICAN INDIAN OR ALASKAN NATIVE</td>
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<tr>
<td>☐ ASIAN OR PACIFIC ISLANDER</td>
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<td>☐ HISPANIC</td>
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<td>☐ WHITE/NON-HISPANIC</td>
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### MARITAL STATUS

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<td>☐ MARRIED</td>
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### RELIGIOUS PREFERENCE

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<tr>
<th>☐ SEVENTH-DAY ADVENTIST</th>
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<tr>
<td>☐ OTHER DENomination (PLEASE SPECIFY)</td>
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Please turn sheet over to continue
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

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

Educational history

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.

Test Information

I have taken or plan to take the:

[ ] GRE  [ ] GMAT during: MONTH ___________ YEAR ___________
[ ] TOEFL  [ ] MELAB during: MONTH ___________ YEAR ___________

Housing application sent by

Medical forms sent by

In-process entry date ___________ by

Financial statement sent by

Medical statement sent by

(Office use only)
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.

EMPLOYING ORGANIZATION ____________________________ TITLE OR OFFICE ____________________________
LOCATION ____________________________ DATES: FROM __________ TO __________

EMPLOYING ORGANIZATION ____________________________ TITLE OR OFFICE ____________________________
LOCATION ____________________________ DATES: FROM __________ TO __________

EMPLOYING ORGANIZATION ____________________________ TITLE OR OFFICE ____________________________
LOCATION ____________________________ DATES: FROM __________ TO __________

EMPLOYING ORGANIZATION ____________________________ TITLE OR OFFICE ____________________________
LOCATION ____________________________ DATES: FROM __________ TO __________

EMPLOYING ORGANIZATION ____________________________ TITLE OR OFFICE ____________________________
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EMPLOYING ORGANIZATION ____________________________ TITLE OR OFFICE ____________________________
LOCATION ____________________________ DATES: FROM __________ TO __________

EMPLOYING ORGANIZATION ____________________________ TITLE OR OFFICE ____________________________
LOCATION ____________________________ DATES: FROM __________ TO __________

EMPLOYING ORGANIZATION ____________________________ TITLE OR OFFICE ____________________________
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EMPLOYING ORGANIZATION ____________________________ TITLE OR OFFICE ____________________________
LOCATION ____________________________ DATES: FROM __________ TO __________

EMPLOYING ORGANIZATION ____________________________ TITLE OR OFFICE ____________________________
LOCATION ____________________________ DATES: FROM __________ TO __________

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)**

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>
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<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
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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** ________________________________

[ANDREWS UNIVERSITY GENERAL RECOMMENDATION FORM]
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.

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SIGNATURE ___________________________ DATE ________________

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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>EXCELLENT</th>
<th>GOOD</th>
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<th>BELOW AVERAGE</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.

☐ 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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<thead>
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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

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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 ______________

NAME (Please print as appears on record) ________________________________

HOME ADDRESS: STREET NAME _____________________________ APT # ________________

CITY ______________________ STATE ________________ ZIP CODE ________________ COUNTRY ____________

SIGNATURE ________________________________ DATE ________________

ANDREWS UNIVERSITY REQUEST FOR OFFICIAL TRANSCRIPT OF CREDITS

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.

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CITY ______________________ STATE ________________ ZIP CODE ________________ COUNTRY ____________

SIGNATURE ________________________________ DATE ________________
**ANDREWS UNIVERSITY IMMUNIZATION RECORD**

**Mail to:** Student Health Service  
Andrews University  
Berrien Springs, MI 49104-0960, USA

**Fax to:** 269.473.6880  
**Phone:** 269.473.2222

---

**PLEASE PRINT CLEARLY**

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**ANTICIPATED TERM OF ENROLLMENT:**  
- FALL  
- SPRING  
- SUMMER  
- YEAR

<table>
<thead>
<tr>
<th>WHERE DO YOU PLAN TO LIVE?</th>
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| DORM  
UNIVERSITY APARTMENT  
COMMUNITY |

<table>
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<tr>
<th>HAVE YOU ATTENDED ANDREWS BEFORE?</th>
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</table>
| 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.

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

**DOSE 1:** GIVEN AT AGE 12 MONTHS OR LATER  
M/D/Y [ ] [ ] [ ]  
**TB SKIN TEST**  
M/D/Y [ ] [ ] [ ]  
**RESULTS:**  
NEGATIVE  
POSITIVE

**DOSE 2:** GIVEN AT AGE 4-6 OR LATER  
M/D/Y [ ] [ ] [ ]

**RUBEOLA (MEASLES) ANTIBODY TITER**  
M/D/Y [ ] [ ] [ ]  
**RESULTS:**  
IMMUNE  
NON-IMMUNE

**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, EVIDENCE OF INACTIVE TB

---

Please turn sheet over to continue
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.

### TETANUS-DIPHTHERIA
Primary series with DTaP or DTP and booster at 4-6 year and every 10 years thereafter

<table>
<thead>
<tr>
<th>DOSE 1: M/D/Y</th>
<th>DOSE 2: M/D/Y</th>
<th>DOSE 3: M/D/Y</th>
<th>DOSE 4: M/D/Y</th>
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**BOOSTER (WITHIN 10 YEARS) M/D/Y**

- IMMUNIZATION LIKELY, NO RECORDS
- NOT IMMUNIZED

### POLIO
Primary series of 3 (oral) or 4 (injectable) doses plus a booster during childhood

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<th>DOSE 4: M/D/Y</th>
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**BOOSTER (WITHIN 10 YEARS) M/D/Y**

- IMMUNIZATION LIKELY, NO RECORDS
- NOT IMMUNIZED

### HEPATITIS B
Three doses of vaccine or a positive Hepatitis B Surface Antibody (HBSAb)

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**HEPATITIS B SURFACE ANTIBODY M/D/Y**

- IMMUNE
- NON-IMMUNE

**HISTORY OF DISEASE**

- YES
- NO

**VACCINATION**

- DOSE 1: M/D/Y
- DOSE 2: M/D/Y

**VACCINATION**

- *BOOSTER DOSE 2: M/D/Y*

- *AT LEAST ONE MONTH AFTER 1ST DOSE IF GIVEN AFTER AGE 13*

**VARICELLA ANTI Body M/D/Y**

- IMMUNE
- NON-IMMUNE

### MENINGOCOCCUS
Recommended for freshman students, age 25 and below, living in a residence hall and for individuals with immunodeficiency or who have had a splenectomy

**VACCINATION M/D/Y**

- IMMUNIZATION LIKELY, NO RECORDS
- NOT IMMUNIZED

### VARICELLA
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

**HISTORY OF DISEASE**

- YES
- NO

**VACCINATION**

- DOSE 1: M/D/Y
- DOSE 2: M/D/Y

**VACCINATION**

- *BOOSTER DOSE 2: M/D/Y*

- *AT LEAST ONE MONTH AFTER 1ST DOSE IF GIVEN AFTER AGE 13*

**VARICELLA ANTI Body M/D/Y**

- IMMUNE
- NON-IMMUNE

### INFLUENZA
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.

**VACCINATION M/D/Y**

- IMMUNIZATION LIKELY, NO RECORDS
- NOT IMMUNIZED

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**HEALTH CARE PROVIDER MUST COMPLETE: RECOMMENDED**

**ANDREWS UNIVERSITY IMMUNIZATION RECORD (2/2)**
## PERSONAL DATA

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### PLANNING TO LIVE IN RESIDENCE HALL FOR WHICH SEMESTERS?

- 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

**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

END
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:

________________________________________

________________________________________

________________________________________

________________________________________

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

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 __________________________
### ANDREWS UNIVERSITY SUMMARY OF EDUCATIONAL EXPERIENCE

#### SUMMARY OF EDUCATIONAL EXPERIENCE—FOR THOSE WHO HAVE BEEN EDUCATED OUTSIDE OF THE UNITED STATES

**APPLICANT’S NAME** ____________________________ **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>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>
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</thead>
<tbody>
<tr>
<td>2001-2002</td>
<td>22</td>
<td>16</td>
<td>Senior</td>
<td>University</td>
<td>Andrews University</td>
<td>Berrien Springs, Michigan; USA</td>
<td>English</td>
<td>B.A. English</td>
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### INSTRUCTIONS—PLEASE READ CAREFULLY (continued)

- 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>
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</tbody>
</table>
## PERSONAL INFORMATION

**NAME OF APPLICANT** \\
**BIRTHDATE (MD/Y)** \\
**DEGREE APPLYING FOR** \\
**LEVEL OF STUDY APPLYING FOR** 
- UNDERGRADUATE 
- DOCTORAL LEVEL 
- MASTER'S LEVEL 
- MASTER OF DIVINITY 
- ENGLISH LANGUAGE INSTITUTE \\
**I AM PLANNING TO ATTEND FROM** 
20__ TO 20__ \\
**MARITAL STATUS** 
- SINGLE 
- MARRIED \\
**NUMBER OF CHILDREN DEPENDENT ON YOUR SUPPORT** \\
**CITIZENSHIP:**
- COUNTRY 
- STATE/PROVINCE \\
**VISA STATUS** 
- STUDENT VISA F-1 
- EXCHANGE VISITOR VISA J-1 
- DEPENDENT J-2 
- REFUGEE VISA 
- OTHER \\

## 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></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>
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<tr>
<td>Books &amp; Supplies</td>
<td></td>
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<tr>
<td>Dorm &amp; Meal Plan</td>
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<tr>
<td>Off-Campus Housing</td>
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<tr>
<td>Dependent Expenses</td>
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<tr>
<td>Living Expenses</td>
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<tr>
<td>Insurance</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>TOTAL</strong></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal and/or Family Funds</td>
<td></td>
</tr>
<tr>
<td>Attach proof of funds</td>
<td></td>
</tr>
<tr>
<td>General Conference/Conference/DIV Assistance</td>
<td></td>
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<tr>
<td>Sponsorship/Scholarship</td>
<td></td>
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<tr>
<td>Attach official letter of sponsorship</td>
<td></td>
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<tr>
<td>Government Loans</td>
<td></td>
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<tr>
<td>Attach proof of loan approval</td>
<td></td>
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<tr>
<td>Other (Please specify)</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
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</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](tel: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 all charges promptly and agree to pay reasonable costs of collection including attorney’s fees.

**SIGNATURE** ___________________________ **DATE** ___________________
**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.

<table>
<thead>
<tr>
<th>COMPLETE POSTAL ADDRESS</th>
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</table>

**HOME TELEPHONE (________) ______________________________ EMAIL ______________________________**

**FATHER’S INFORMATION**

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>EMPLOYER</th>
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<tr>
<th>COMPLETE POSTAL ADDRESS</th>
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</table>

**HOME TELEPHONE (_______) ______________________________ EMAIL ______________________________**

**MOTHER’S INFORMATION**

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>EMPLOYER</th>
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<tr>
<th>COMPLETE POSTAL ADDRESS</th>
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</table>

**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.

<p>| |</p>
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**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 ______________________________**
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 ___________________________
PLEASE NOTE: This form is ONLY for United States citizens or legal residents of the United States. If you are planning to attend Andrews University using a visa please locate the Estimated Budget Sheet and use it in place of this form.

**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>HOME TELEPHONE</th>
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<table>
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<tr>
<th>MARITAL STATUS</th>
<th>NUMBER OF CHILDREN</th>
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<td>SINGLE</td>
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<tr>
<td>MARRIED</td>
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<table>
<thead>
<tr>
<th>ARE YOU A U.S. CITIZEN?</th>
<th>VISA STATUS</th>
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<tr>
<td>YES</td>
<td>NO</td>
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<table>
<thead>
<tr>
<th>ARE YOU SPONSORED?</th>
<th>NAME OF SPONSOR</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
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</tbody>
</table>

**FINANCIAL INFORMATION**

Please indicate all expenses and resources for a minimum of the first three years if you are accepted into our doctoral program. Your figures should be as accurate and realistic as possible. See the Financial Bulletin for estimated cost per doctoral credit hour. Remember, if you have a student visa, government regulations will not allow your spouse to work.

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>FIRST YEAR</th>
<th>SECOND YEAR</th>
<th>THIRD YEAR</th>
<th>RESOURCES (IN U.S. DOLLARS)</th>
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<td>TUITION AND FEES</td>
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<td>VETERAN'S OR DISABILITY BENEFITS</td>
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<td>APPLICANT'S EXPECTED EARNINGS</td>
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<td>CONTINGENCY FUND</td>
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| OTHER (Please specify)   |            |             |            |                             |

| TOTAL                    |            |             |            |                             |
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: ________________________________