

ANDREWS UNIVERSITY—APPLICATION FOR PERMISSION TO TAKE CLASSES: UNDERGRADUATE

Mail to: Undergraduate Admissions
Andrews University
Berrien Springs, MI 49104-0740, USA

Phone: 800.253.2874 or 269.471.6343
Fax to: 269.471.2670

LAST/FAMILY NAME _____ FIRST NAME _____

MIDDLE NAME _____ MAIDEN/PREVIOUS NAME(S) _____

HOME: STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

HOME TELEPHONE (_____) _____ CELL PHONE (_____) _____

EMAIL ADDRESS _____

GENDER: ☐ MALE ☐ FEMALE BIRTH DATE M/D/Y _____ U.S. SOCIAL SECURITY NUMBER - -

CITIZENSHIP: ☐ US CITIZEN ☐ STUDENT VISA ☐ EXCHANGE VISITOR VISA ☐ COUNTRY OF CITIZENSHIP

ETHNICITY ☐ HISPANIC ☐ NON-HISPANIC

RACE: 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 ☐ AMERICAN INDIAN OR ALASKAN NATIVE ☐ ASIAN ☐ PACIFIC ISLANDER ☐ WHITE

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

RELIGIOUS PREFERENCE ☐ SEVENTH-DAY ADVENTIST: CONFERENCE _____ CHURCH _____ CITY _____ STATE _____

☐ OTHER DENOMINATION (PLEASE SPECIFY) _____ ☐ NONE

ANTICIPATED DATE OF ENROLLMENT: YEAR _____ SEMESTER: ☐ SUMMER (MAY/JUNE) ☐ FALL (AUGUST) ☐ SPRING (JANUARY)

WHICH SCHOOL ARE YOU WISHING TO ATTEND?

☐ ARTS & SCIENCES ☐ ARCHITECTURE ☐ BUSINESS ☐ EDUCATION ☐ SEMINARY ☐ TECHNOLOGY

EDUCATION COMPLETED: ☐ HIGH SCHOOL ☐ BACHELORS ☐ MASTERS ☐ DOCTORAL

HAVE YOU ATTENDED ANDREWS BEFORE? ☐ YES ☐ NO IF YES, PLEASE FILL IN THE FOLLOWING: ID# _____

ATTENDED: ☐ ON CAMPUS ☐ EXTENSION SCHOOL ☐ WHAT TERM DID YOU LAST ATTEND: TERM _____ YEAR _____

VETERAN OF THE U.S. ARMED FORCES? ☐ YES ☐ NO ☐ VETERAN'S DEPENDENT ELIGIBLE FOR SCHOOLING BENEFITS

☐ VETERAN, BUT NO LONGER ELIGIBLE FOR SCHOOLING BENEFITS

PLEASE INDICATE WHERE YOU PLAN TO LIVE WHILE ATTENDING ANDREWS UNIVERSITY ☐ RESIDENCE HALL ☐ UNIVERSITY APARTMENT ☐ COMMUNITY

PLEASE READ CAREFULLY

➤ The granting of this application for Permission to Take Classes does not constitute admission into any degree program at Andrews University. Credits you are taking might not be applicable to a particular degree program.

➤ Formal application to a degree program must be made. Application forms and information concerning admission requirements for each degree program are available from the address listed at the top of the form.

SIGNATURE _____ DATE _____

ADMISSION APPROVED _____ DATE _____ CRT _____