

APPLICATION FORM FOR ADMISSION TO AN AFFILIATE UNDERGRADUATE PROGRAM

Affiliation Site: HONG KONG ADVENTIST COLLEGE

Andrews University provides equal opportunity for qualified students irrespective of race, color, sex, physical handicap, national or ethnic origin in admission, employment, housing and educational programs and activities.

PLEASE PRINT OR TYPE

Legal Name: _____

First Name
Middle
All Previous Surnames
Last/Family Name

Permanent Address: _____

Apartment
Street/Road/Post Office Box

City
State (Where Applicable)
Postal Code
Country

Phone: _____ Fax: _____
 Email: _____

Temporary Address: _____

Street/Road/Post Office Box
Apartment

City
State (Where Applicable)
Postal Code
Country

Effective Dates: _____ to _____
 Phone: _____ Fax: _____
 Email: _____

PERSONAL DATA

1. Sex: Male Female **Date of Birth:** _____ / _____ / _____ State/Country _____

Month
Day
Year

2. Country of Citizenship _____

3. Religious Preference Seventh-day Adventist Other None

4. Marital Status Single Married

5. Ethnicity (used to fulfill reporting obligations to the federal government)
 Black/Non-Hispanic origin White/Non-Hispanic origin Hispanic
 American Indian or Alaskan Native Asian or Pacific Islander Other

ACADEMIC PROGRAM DATA

Beginning Semester and Year: Month _____ Year _____

Degree Program(s)

Circle: AS BA BS 1st Major _____ 1st Minor _____
 Circle: AS BA BS 2nd Major _____ 2nd Minor _____
 Circle: AS BA BS 3rd Major _____ 3rd Minor _____
 Circle: AS BA BS 4th Major _____ 4th Minor _____

EDUCATIONAL HISTORY

Have you ever attended Andrews University or one of our Affiliate Institutions before?

No Yes ID# _____ Dates attended _____ to _____

Major _____ Minor _____

High School Attended: _____ City _____ Country _____

Date of Graduation _____
Month Day Year

Please list ALL other colleges and universities you have attended since graduation from high school/academy:

<u>Name of Institution</u>	<u>Attendance Dates</u>	<u>Degree and Major</u>	<u>Date/Anticipated date of Grad.</u>
1. _____ City, State, Country	_____ to _____	_____	M ____ D ____ Y ____
2. _____ City, State, Country	_____ to _____	_____	M ____ D ____ Y ____
3. _____ City, State, Country	_____ to _____	_____	M ____ D ____ Y ____

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. In asking for admission to Andrews University, I voluntarily agree, if admitted as a student, to uphold the ideals, standards, and regulations set forth by the University and to respect the principles and traditions it upholds as a church-related institution of higher learning.

Signature

Date

FOR OFFICE USE ONLY

In-process entry date _____ By _____