

# Graduate Application

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## The Application Process

We realize that choosing a graduate school is an important decision, and your consideration of Southwestern is something for which we are very thankful. A check list is provided which will indicate the information needed for acceptance.

## Notice of Nondiscriminatory Policy Related to Students

Southwestern admits students of any race, color, national or ethnic origin to all the rights privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, handicap, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. The university reserves the right to withdraw a student for cause at any time.



### Application

- Application
- Application Fee



### Reference

- Minister (not required if you are an Assemblies of God ordained or licensed minister)



### Reference

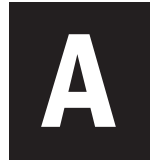
- College Faculty/Administrator



### Academic

- Official College Transcript(s)
- GRE Scores (if applicable)

Office Use Only	
Approved _____	
Date _____	



## Graduate Application for Admission

The application, health history and student profile comprise section A of the admissions process. Sections B and C are references, which need to be forwarded to the requested individuals. Questions regarding the admissions process may be directed to the Office of Admissions (1.888.937.7248).

A \$50 non-refundable fee must be sent with this application. Please return this completed form to: SAGU, Office of Admissions, 1200 Sycamore, Waxahachie, TX, 75165.

### General Information

Anticipated Enrollment: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year 20_____		Social Security Number _____/_____/_____	
Last Name		First Name	
Middle or Maiden		Preferred Name	
Current Address		City/State/Zip	
County	Home Phone Number (    ) _____	Work Phone Number (    ) _____	E-Mail Address

### Personal Information

Age	Gender	Date of Birth	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, are you receiving any VA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnic Group: <input type="checkbox"/> African-American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> International Student <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Other _____				
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, do you have a green card? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your visa status? _____ Country of Citizenship _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated (date_____/_____/_____) <input type="checkbox"/> Divorced (date_____/_____/_____) If divorced or separated and studying on campus, do you agree to abide by the rules for divorced/separated students as stated in the catalog? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list the name and age of all children under 18: _____ _____				

### Educational Goals

<p><b>Check One:</b></p> <input type="checkbox"/> Master of Divinity <input type="checkbox"/> Master of Education (choose one below) <input type="checkbox"/> Curriculum Development <input type="checkbox"/> Christian School Administration <input type="checkbox"/> Early Childhood/Elem. Education <input type="checkbox"/> Early Education Administration <input type="checkbox"/> Middle/Secondary Education <input type="checkbox"/> Principalship <input type="checkbox"/> School Counseling <input type="checkbox"/> Master of Arts in History <input type="checkbox"/> History Education <input type="checkbox"/> Thesis <input type="checkbox"/> Non-thesis	<input type="checkbox"/> Master of Science in Counseling Psychology <input type="checkbox"/> Master of Science in Human Services Counseling <input type="checkbox"/> Master of Arts in Theological Studies (choose one below) <input type="checkbox"/> Bible and Theology <input type="checkbox"/> Children & Family Ministries <input type="checkbox"/> Practical Theology <input type="checkbox"/> Missions
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### Program

<p><b>Check One:</b></p> <input type="checkbox"/> Residential <input type="checkbox"/> Distance Education
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## Graduate Student Profile

The graduate student profile is intended to provide data, which will better acquaint the university with the applicant's background, personal experiences and current activities.

Southwestern Assemblies of God University's admissions policy requires all students to have a born-again salvation experience as indicated in John 3:3 and other numerous scriptures. While Southwestern is open to students of various Christian faiths, the university will teach in accordance with Assemblies of God doctrine. A copy of the Statement of Fundamental Truths of the Assemblies of God is available upon request. The university also maintains an abstinence policy in regard to tobacco, alcohol, or any illegal drugs or mind-altering substances.

### Christian Life

Have you accepted Jesus Christ as your personal Savior and Lord?  Yes  No Date of Salvation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Romans 10:9-13; John 3:16; and Acts 2:38)

Do you strive to live a Christian lifestyle?  Yes  No

Have you been baptized in water by immersion? (Mark 16:16)  Yes  No

Have you received the Baptism in the Holy Spirit with the evidence of speaking in tongues? (Acts 2:4)  Yes  No

Have you used tobacco, alcohol or any illegal drugs or mind-altering substances in the last three years?  Yes  No

If yes, state which substance and give date of discontinuance: \_\_\_\_\_

Have you struggled with pornography, homosexuality or sexual promiscuity in the last three years?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please attach an explanation and give dates.

Church Attending:

Address:

City/State/Zip:

Denomination:

If Assemblies of God, what District?

If you hold ministerial credentials, indicate which:  Ordained  Ministerial Licensed  Certified Minister

Briefly describe your professional, academic and ministry involvement during the past three years:

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I approve of the high moral standards of Southwestern Assemblies of God University and agree to abide by its policies. I will be responsible for prompt payment of my school account. I understand that all materials submitted during the admissions process become property of Southwestern Assemblies of God University.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_



## Health History

Last Name	First Name	Middle or Maiden																								
<p>Do you have any history of the following illnesses?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Asthma</td> <td style="width: 33%;"><input type="checkbox"/> Epilepsy</td> <td style="width: 33%;"><input type="checkbox"/> Poliomyelitis</td> </tr> <tr> <td><input type="checkbox"/> Chickenpox</td> <td><input type="checkbox"/> Malaria</td> <td><input type="checkbox"/> Rheumatic Fever</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Measles</td> <td><input type="checkbox"/> Scarlet Fever</td> </tr> <tr> <td><input type="checkbox"/> Diphtheria</td> <td><input type="checkbox"/> Mumps</td> <td><input type="checkbox"/> Smallpox</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Thyroid (Goiter)</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Tuberculosis</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Typhoid Fever</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Whooping Cough</td> </tr> </table>			<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Malaria	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Smallpox			<input type="checkbox"/> Thyroid (Goiter)			<input type="checkbox"/> Tuberculosis			<input type="checkbox"/> Typhoid Fever			<input type="checkbox"/> Whooping Cough
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		<input type="checkbox"/> Typhoid Fever																								
		<input type="checkbox"/> Whooping Cough																								
<p>Diphtheria/Tetanus      Completed   <input type="checkbox"/> Yes   <input type="checkbox"/> No      Date of Last Injection _____  <i>(One dose required for all students.)</i></p> <p>Mumps/Measles/Rubella      Completed   <input type="checkbox"/> Yes   <input type="checkbox"/> No      Date of Last Injection _____  <i>(MMR Booster required for all students.)</i></p>																										
<p>Are you currently being/or have been treated for any:</p> <p>Allergies?   <input type="checkbox"/> Yes   <input type="checkbox"/> No      Food Allergies?   <input type="checkbox"/> Yes   <input type="checkbox"/> No      Medicine?   <input type="checkbox"/> Yes   <input type="checkbox"/> No      Other?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Have you ever been treated for:   <input type="checkbox"/> Emotional Instability   <input type="checkbox"/> Psychological Problems   <input type="checkbox"/> Trauma   <input type="checkbox"/> Mental Illness</p> <p>List any other illnesses: _____</p> <p>List any major health problems: _____</p> <p>List major surgeries/procedures and give the approximate dates: _____</p> <p>Do you have a physical handicap?   <input type="checkbox"/> Yes   <input type="checkbox"/> No      If so, please explain: _____</p> <p>Do you consider your general health good?   <input type="checkbox"/> Yes   <input type="checkbox"/> No      If not, please give details: _____</p> <p>Are you taking any prescription or over-the-counter medications regularly?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If so, please list names, dosages, and frequency: _____</p>																										

## Family Health Information

	Name	Age	Occupation	Age at death	Cause of Death
Father					
Mother					
Siblings					

## Emergency Information

Last Name	First Name	Relationship	Phone Number
Current Address		City/State/Zip	



## Minister Reference

### Graduate Applicant Instructions & Information

Please complete this section and sign the statement below if you wish to waive your rights as stated. A non-related minister should complete the Minister Reference Survey section.

Anticipated Enrollment:  Fall  Spring  Summer Year 20\_\_ Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name	First Name	M.I. or Name
Current Address		City/State/Zip

According to PL 39-380, the Family rights and Privacy Act of 1974, the information contained in this reference questionnaire must be shared with the student upon request. However, the applicant may, at his/her discretion, voluntarily waive the right of access to the information by signing the following statement.

Waiver of Rights: I hereby waive my right of access to all information contained in this reference questionnaire with the understanding that it will be used only for the purpose of evaluating my application for admission to Southwestern.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Minister Reference Survey

The person named above on this reference form has applied for graduate admission to Southwestern Assemblies of God University, and has given your name as a reference. Please fill out the following reference form to the best of your knowledge and return to: SAGU, Office of Admissions, 1200 Sycamore, Waxahachie, Texas, 75165.

How long have you known the applicant? \_\_\_\_\_

To what extent have you known the applicant?  Personal Relationship  Somewhat Close  Indirect  Distant

To your knowledge, in the past 3 years has this individual: Used drugs illegally?  Yes  No  
 Used alcohol?  Yes  No Used tobacco?  Yes  No Struggled with pornography?  Yes  No

To your knowledge, has the applicant ever been divorced?  Yes  No Remarried?  Yes  No

In the last three years, what can you say of the applicant's spiritual life? Home life?

Do you know of anything which might hinder the applicant from making satisfactory progress as a student?

Please check the following	Excellent	Good	Fair	Poor	Not Known
Church Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(If you check, fair or below on any of these, please comment on the back of this form.)

**Do you recommend applicant as a candidate for this school?**  Yes  No  Hesitantly

Please Print Your Name	Signature	Date	Position
Church			Phone
Address		City/State/Zip	





## College Faculty/Administrator Reference

### Graduate Applicant Instructions & Information

Please complete this section and sign the statement below if you wish to waive your rights as stated. A non-related faculty/administrator should complete this form.

Anticipated Enrollment:  Fall  Spring  Summer Year 20\_\_ Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name	First Name	M.I. or Name
Current Address		City/State/Zip

According to PL 39-380, the Family rights and Privacy Act of 1974, the information contained in this reference questionnaire must be shared with the student upon request. However, the applicant may, at his/her discretion, voluntarily waive the right of access to the information by signing the following statement.

Waiver of Rights: I hereby waive my right of access to all information contained in this reference questionnaire with the understanding that it will be used only for the purpose of evaluating my application for admission to Southwestern.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## College Faculty/Administrator Survey

The individual named on this reference form has applied for graduate admission to Southwestern Assemblies of God University, and has given your name as a reference. Please fill out the following reference form to the best of your knowledge and return to: SAGU, Office of Admissions, 1200 Sycamore, Waxahachie, Texas, 75165.

Name (Please Print)	Date
Position	Phone
College/University	City/State/Zip

How long have you known the applicant? \_\_\_\_\_

To what extent have you been familiar with the applicant's academic performance?  
 Direct Contact  Somewhat Close  Indirect  Distant

Do you think the applicant is capable of successfully completing graduate studies?  Yes  No  Uncertain

Do you recommend applicant as a candidate for this school?  Yes  No  Hesitantly

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Continue on the back of this form.

Please check the following and make any comments that you feel are appropriate:

	Excellent	Good	Fair	Poor	Not Known
<b>Emotional Stability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					
_____					
<b>Interpersonal Relationships</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					
_____					
<b>Leadership Potential</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					
_____					
<b>Moral Character</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					
_____					
<b>Oral Communication Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					
_____					
<b>Personal Appearance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					
_____					
<b>Reaction to Counsel</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					
_____					
<b>Scholarship Potential</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					
_____					
<b>Writing Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					
_____					

Signature of College Faculty/Administrator	Date
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## Official Transcript Request

Graduate Applicant Instructions

Anticipated Enrollment:  Fall  Spring  Summer Year 20\_\_\_\_\_

**To request your official transcript, please fill out the information below and mail to any colleges previously attended. For additional transcript requests, please photo copy this form. Also, you will need to contact each individual institution to obtain information on any applicable fees.**

Last Name		First Name	Middle Name or Initial
Dates Attended From _____ To _____		Maiden Name (if applicable)	
Name shown on your records (if different)	Social Security Number		Date of Birth
Current Address		City/State/Zip	
Signature of student requesting transcript			

## College/University Information

Name of College/University Attended	
College/University Address	City/State/Zip

## College/University Instructions

Please send this request along with the official transcript directly to:  
Southwestern Assemblies of God University, Registrar's Office, 1200 Sycamore, Waxahachie, Texas, 75165.

Transcript cannot be sent because: <input type="checkbox"/> More information needed <input type="checkbox"/> Applicant owes school money \$ _____ <input type="checkbox"/> No record found <input type="checkbox"/> Other reasons _____ _____		
Signature	Position	Date