Graduate Application

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

Notice of Non-discriminatory Policy Related to Students
SAGU 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, disability, 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

Student Profile

Essay

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

Professional Reference

Student Records Policy (FERPA)
# Graduate Application for Admissions

All applicants should send a $50 non-refundable application fee along with this application.

I understand and accept the above refund policy. Signature ________________________________

## General Information

<table>
<thead>
<tr>
<th>Anticipated Enrollment:</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
<th>Year _______</th>
<th>Social Security Number __________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>First-time graduate student</th>
<th>Transfer from another graduate school</th>
<th>Former SAGU undergraduate student from _________ to _________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preferred Learning Model</th>
<th>On-campus</th>
<th>Distance Education</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Maiden</th>
<th>Preferred Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Address</th>
<th>City/State/Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>Cell Phone (____)</th>
<th>E-Mail Address 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone (____)</td>
<td>E-Mail Address 2</td>
<td></td>
</tr>
<tr>
<td>Work Phone (____)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Personal Information

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Are you a veteran?</th>
<th>If so, are you receiving any VA benefits?</th>
<th>Ethnic Group:</th>
<th>Are you a U.S. Citizen?</th>
<th>If not, do you have a green card?</th>
<th>If no, what is your visa status?</th>
<th>Country of Citizenship?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>African-American</td>
<td>American Indian/Alaskan Native</td>
<td>Asian</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status:</th>
<th>Single</th>
<th>Married</th>
<th>Separated (date _____)</th>
<th>Divorced (date _____)</th>
</tr>
</thead>
</table>

If divorced/separated and studying on campus, do you agree to abide by the rules for divorced/separated students stated in the catalog? Yes | No

Please list the name and age of all of your children under age 18:

<table>
<thead>
<tr>
<th>Parent/Spouse Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Address</th>
<th>City/State/Zip</th>
</tr>
</thead>
</table>
Educational Background

Last College/University Attended (an official transcript showing your date of graduation must be sent to the Office of Admissions)

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>City/State/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of College/University Graduation | College/University GPA | Date of High School Graduation or GED Received

List the names and locations of all colleges/universities at which you have taken courses (including SAGU if you are a former student) and the degrees you have been awarded, beginning with the most recent. Official transcripts must be mailed directly to SAGU from each institution. (SAGU Official Transcripts do not need to be submitted.)

<table>
<thead>
<tr>
<th>College/University</th>
<th>City, State</th>
<th>Date of Attendance</th>
<th>Degrees Earned</th>
<th>Major</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you been on academic or disciplinary suspension from any college/university?  □ Yes  □ No
If yes, please attach specific explanation on a separate sheet of paper.

Educational Goals

CHOOSE ONE

Master of Business Administration
☐ MBA

Master of Science in Counseling/Psychology *
□ Counseling Psychology (clinical)
□ Human Services Counseling (non-clinical)

Master of Education
☐ Christian School Administration
☐ Curriculum Development
☐ Early Childhood/Elementary
☐ Early Education Administration
☐ Middle and Secondary Education
☐ Principalship (non-thesis)
☐ Principalship (thesis)
☐ School Counseling

Master of Arts in History
☐ Education track
☐ Thesis track
☐ Non-thesis track

Master of Arts in Theological Studies
☐ Bible and Theology
☐ Practical Theology
☐ Intercultural Studies
☐ Children and Family Ministry

Master of Arts in Organizational Leadership
☐ Leadership

Master of Divinity
☐ M.Div.

Doctor of Ministry
☐ D.Min.

GRE Test Scores

* The GRE is required for students seeking an MS in Counseling Psychology or Human Services or an MA in History.

Date you completed or intend to complete ____________________________

SAGU GRE Institutional Code: 3830
Note: SAGU Alumni are not required to furnish GRE scores with a sufficient GPA.
Student Profile
SAGU’s Graduate School admission policy requires all students to have a born-again salvation experience as indicated in John 3:3 and other scriptures. SAGU is open to students of Christian faith and the university teaches a biblical Christian world view. 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, any illegal drugs or mind-altering substances, as well as inappropriate sexual conduct of any nature according to biblical principles.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Church Attending:

<table>
<thead>
<tr>
<th>Address</th>
<th>City/State/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pastor’s Name

<table>
<thead>
<tr>
<th>If Assemblies of God, what district?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Denomination:

<table>
<thead>
<tr>
<th>If you hold ministerial credentials, indicate which:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Have you accepted Jesus Christ as your personal Savior and Lord? (Romans 10:9-13; John 3:16; and Acts 2:38)  
☐ Yes  ☐ No

Date of Salvation:  

Do you strive to live a Christian lifestyle?  
☐ Yes  ☐ No

Have you been baptized in water? (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 substance or struggled with pornography, homosexuality, or sexual promiscuity in the last 3 years?  
☐ Yes  ☐ No

If yes, which one?  ___________________________ Date of discontinuance  ___________________________

Have you ever been convicted of a felony?  
☐ Yes  ☐ No

If yes, please attach an explanation and provide dates.

Are you currently on Parole?  
☐ Yes  ☐ No  
Are you currently on Probation?  
☐ Yes  ☐ No

If yes, provide Parole/Probation Officer’s name and number

What influences led you to SAGU?  Check all that apply.

<table>
<thead>
<tr>
<th>☐ Academic Standards</th>
<th>☐ Church</th>
<th>☐ Pastor</th>
<th>☐ School Counselor</th>
<th>☐ Youth Convention</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Advertisement</td>
<td>☐ Personal Inquiry</td>
<td>☐ Spiritual atmosphere</td>
<td>☐ Youth Pastor</td>
<td>☐ College Ministry Group</td>
</tr>
<tr>
<td>☐ Alumnus</td>
<td>☐ Friends</td>
<td>☐ Student</td>
<td>☐ Campus Days</td>
<td>☐ Degree Programs</td>
</tr>
<tr>
<td>☐ Parents</td>
<td>☐ SAGU Website</td>
<td>☐ Southwestern Today Mag</td>
<td>☐ ACSI</td>
<td>☐ Grad Focus Magazine</td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Date ___________________________ Signature of Student ___________________________
Essay
Applicants must submit an autobiographical essay (up to 750 words) indicating the factors that have brought them to their present focus of intellectual interests and spiritual formation, with some discussion of vocational objectives. The essay should also address the applicant’s goals and expectations of their selected master’s degree.

Essay Guidelines
1. The writing sample is an important part of your application. Please take this opportunity to demonstrate your ability to communicate at a graduate level. Spelling, word usage, and mechanics will be evaluated.
2. Make certain you have a logical sequence of thought. One paragraph is not long enough to develop your ideas.
3. The use of reference materials, including dictionaries, encyclopedias, and web resources is prohibited. The essay should demonstrate your own ability to articulate thought and reason. The use of another person’s material will be considered plagiarism and is prohibited.
4. Your essay should be typed and double-spaced with 12 point font and 1” margins.
5. Please incorporate all essay objectives throughout the body of your essay.

Returning Your Essay
Please e-mail your completed essay to Harrison Graduate School at the following address: graduateadmissions@sagu.edu.

Questions
Our graduate staff is available Monday-Friday 8am-5pm CST. Please contact our office with any questions or needs 1.888.YES.SAGU, ext 4815 or by e-mail: graduateadmissions@sagu.edu.
### Minister Reference

Please complete this section and sign the statement below if you wish to waive your rights as stated. Your pastor should complete the Minister Reference survey section. **If you are related to your pastor, a non-related minister should complete the form.**

<table>
<thead>
<tr>
<th>Anticipated Enrollment:</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
<th>Year</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

- **Last Name**: 
- **First Name**: 
- **Middle 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.

- **Signature**: 
- **Date**: 

### Minister Reference Survey

The person named above on this reference form has applied for admission to Southwestern Assemblies of God University and has given your name as a reference. Please complete the following reference form to the best of your knowledge and return to: SAGU, Admissions Office, 1200 Sycamore, Waxahachie, Texas, 75165 or by fax at (972) 923-8154.

**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 he/she:**

- Used drugs illegally? □ Yes □ No
- Used tobacco? □ Yes □ No
- Used alcohol? □ Yes □ No
- Struggled with pornography? □ Yes □ No
- Sexual promiscuity? □ Yes □ No
- Homosexuality? □ Yes □ No

**To your knowledge, has the applicant ever been divorced?**

- Yes □ No □ Remarried?

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

(Please comment in boxes 1 & 2 on back.)

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

(Please explain in box 3 on back.)

Please check the following:

- Moral Character
- Emotional Stability
- Initiative
- Acceptance by Others
- Concern for Others
- Attitude Toward Authority
- Church Involvement
- Financial Responsibility

(If you check fair or below on any of these, please comment in box 4 on back.)

**Do you recommend applicant as a candidate for SAGU?**

- Yes □ No □ Hesitantly (Please comment on separate page if needed.)

**Please Print Your Name**

- **Signature**: 
- **Position**: 
- **Date**: 

**Church**: 

**Phone**: 

**Address**: 

**City/State/Zip**: 

---

**Southwestern Assemblies of God University**
Box 1: Spiritual Life

Box 2: Home Life

Box 3: Progress as a Student

Box 4: Responses to the Check Boxes
Professional Reference

Please complete this section and sign the statement below if you wish to waive your rights as stated. A non-related professional or former professor should complete this form.

Applicant Instructions & Information

<table>
<thead>
<tr>
<th>Anticipated Enrollment:</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
<th>Year</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
<td>First Name</td>
<td></td>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Current Address</td>
<td></td>
<td>City/State/Zip</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 _______________

Professional Reference 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 complete the following reference form to the best of your knowledge and return to: SAGU, Office of Admissions, 1200 Sycamore St., Waxahachie, TX 75165 or by fax at (972) 923-8154.

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 the applicant as a candidate for this school?  
☐ Yes ☐ No ☐ Hesitantly

Comments: ___________________________
Please check the following and make any comments you feel are appropriate.

<table>
<thead>
<tr>
<th>Category</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Not Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership Potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moral Character</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Communication Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction to Counsel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarship Potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Professional Reference

Date
The Family Educational Rights and Privacy Act, as amended (FERPA), allows students at an institution of higher education to control outside access to their education records, including requests for information from their parents or other family members. Without a student’s written consent, SAGU may not disclose information from a student’s education records to outside third parties except as provided under FERPA. You can provide a standing release allowing SAGU to disclose information to other persons. To do so the following declaration must be completed.

This form, when completed, authorizes the person(s) below to view the student’s education records. In addition to giving consent, the student must assign a unique password for each person who he or she authorizes to access his or her records. The student is responsible for communicating that password to the person or persons he/she gives consent to. This form is not a request for grades or transcripts.

Student’s Name: ___________________________ SAGU ID#: ___________________________

Print Name

I, the above-named student, authorize representatives of SAGU to disclose information in my education records to the person(s) listed below. I understand that education records are all records maintained by the school, but I am only consenting release of the following: academic records, accounting records, financial aid records, and student discipline records.

Person’s Printed Name: ___________________________
Person’s Relationship to Student: ___________________________

Person’s Printed Name: ___________________________
Person’s Relationship to Student: ___________________________

Person’s Printed Name: ___________________________
Person’s Relationship to Student: ___________________________

Person’s Printed Name: ___________________________
Person’s Relationship to Student: ___________________________

Student’s Unique Password:

It is the student’s responsibility to create and communicate this password.

I understand that this release is in effect until revoked in writing by me or by the named person.

Student’s Signature: ___________________________ Date: ___________________________

This form must be filed with the Registrar

Office Use Only:
Processed: ___________________________
Date: ___________________________