

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

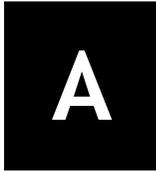
(not required if you are an Assemblies of God ordained or licensed minister)



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

Anticipated Enrollment: Fall Spring Summer Year _____ Social Security Number _____

Enrollment Status First-time graduate student Transfer from another graduate school

Former SAGU undergraduate student from _____ to _____

Preferred Learning Model On-campus Distance Education

Last Name	First Name	Middle Name	Maiden	Preferred Name
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Current Address	City/State/Zip
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County	Cell Phone (____) _____	E-Mail Address 1
	Home Phone (____) _____	
	Work Phone (____) _____	E-Mail Address 2

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 Type _____
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Ethnic Group: African-American American Indian/Alaskan Native Asian Caucasian/White Hispanic/Latino
 International Student/Nonresident Alien Native Hawaiian/Pacific Islander 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 not, what is your visa status? _____ Country of Citizenship? _____
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Marital Status: Single Married Separated (date _____) Divorced (date _____)

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:

Parent/Spouse Information

Last Name	First Name	Relationship	Phone (____) _____
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Current Address	City/State/Zip
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Educational Background

Last College/University Attended (an official transcript showing your date of graduation must be sent to the Office of Admissions)				
School Name _____				
Address _____			City/State/Zip _____	
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.)				
College/University	City, State	Date of Attendance	Degrees Earned	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Have you been on academic or disciplinary suspension from any college/university? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please attach specific explanation on a separate sheet of paper.				

Educational Goals

<p>CHOOSE ONE</p> <p>Master of Business Administration</p> <p><input type="checkbox"/> MBA</p> <p>Master of Science in Counseling/Psychology *</p> <p><input type="checkbox"/> Counseling Psychology (clinical) <i>21 hours must be completed on campus.</i></p> <p><input type="checkbox"/> Human Services Counseling (non-clinical)</p> <p>Master of Education</p> <p><input type="checkbox"/> Christian School Administration</p> <p><input type="checkbox"/> Curriculum Development</p> <p><input type="checkbox"/> Early Childhood/Elementary</p> <p><input type="checkbox"/> Early Education Administration</p> <p><input type="checkbox"/> Middle and Secondary Education</p> <p><input type="checkbox"/> Principalship (non-thesis)</p> <p><input type="checkbox"/> Principalship (thesis)</p> <p><input type="checkbox"/> School Counseling</p>	<p>Master of Arts in History</p> <p><input type="checkbox"/> Education track</p> <p><input type="checkbox"/> Thesis track</p> <p><input type="checkbox"/> Non-thesis track</p> <p>Master of Arts in Theological Studies</p> <p><input type="checkbox"/> Bible and Theology</p> <p><input type="checkbox"/> Practical Theology</p> <p><input type="checkbox"/> Intercultural Studies</p> <p><input type="checkbox"/> Children and Family Ministry</p> <p>Master of Arts in Organizational Leadership</p> <p><input type="checkbox"/> Leadership</p> <p>Master of Divinity</p> <p><input type="checkbox"/> M.Div.</p> <p>Doctor of Ministry</p> <p><input type="checkbox"/> D.Min.</p>
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GRE Test Scores

<p>* The GRE is required for students seeking an MS in Counseling Psychology or Human Services or an MA in History.</p> <p>Date you completed or intend to complete _____</p> <p>SAGU GRE Institutional Code: 3830</p> <p>Note: SAGU Alumni are not required to furnish GRE scores with a sufficient GPA.</p>

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.

Last Name	First Name	Middle Name
Church Attending:		
Address		City/State/Zip
Pastor's Name		If Assemblies of God, what district?
Denomination:		If you hold ministerial credentials, indicate which: <input type="checkbox"/> Ordained <input type="checkbox"/> Licensed <input type="checkbox"/> Certified Minister

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.*

<input type="checkbox"/> Academic Standards	<input type="checkbox"/> Church	<input type="checkbox"/> Pastor	<input type="checkbox"/> School Counselor	<input type="checkbox"/> Youth Convention
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Personal Inquiry	<input type="checkbox"/> Spiritual atmosphere	<input type="checkbox"/> Youth Pastor	<input type="checkbox"/> College Ministry Group
<input type="checkbox"/> Alumnus	<input type="checkbox"/> Friends	<input type="checkbox"/> Student	<input type="checkbox"/> Campus Days	<input type="checkbox"/> Degree Programs
<input type="checkbox"/> Parents	<input type="checkbox"/> SAGU Website	<input type="checkbox"/> Southwestern Today Mag	<input type="checkbox"/> ACSI	<input type="checkbox"/> Grad Focus Magazine
<input type="checkbox"/> Other _____				

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.

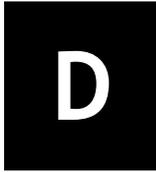
Returning Your Essay

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.



Southwestern Assemblies of God University

Minister Reference

Applicant Instructions & Information

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.

Anticipated Enrollment: Fall Spring Summer Year _____ Social Security Number _____

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
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Used tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Used alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Struggled with pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual promiscuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Homosexuality?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? *(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.)*

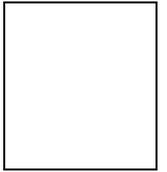
Please check the following:	Excellent	Good	Fair	Poor	Not Known
Moral Character	<input type="checkbox"/>				
Emotional Stability	<input type="checkbox"/>				
Initiative	<input type="checkbox"/>				
Acceptance by Others	<input type="checkbox"/>				
Concern for Others	<input type="checkbox"/>				
Attitude Toward Authority	<input type="checkbox"/>				
Church Involvement	<input type="checkbox"/>				
Financial Responsibility	<input type="checkbox"/>				

(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

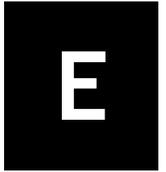


Box 1: Spiritual Life

Box 2: Home Life

Box 3: Progress as a Student

Box 4: Responses to the Check Boxes



Professional Reference

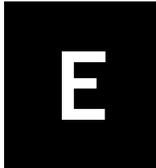
Please complete this section and sign the statement below if you wish to waive your rights as stated. A non-related professional or former professor should complete this form.

Applicant Instructions & Information

Anticipated Enrollment: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____ Social Security Number _____		
Last Name	First Name	Middle Name
Current Address		City/State/Zip
<p>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.</p> <p>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.</p> <p>Applicant's Signature _____ Date _____</p>		

Professional Reference Survey

<p>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.</p>	
Name (Please Print)	Date
Position	Phone
College/University	City/State/Zip
How long have you known the applicant? _____	
<p>To what extent have you been familiar with the applicant's academic performance?</p> <p><input type="checkbox"/> Direct Contact <input type="checkbox"/> Somewhat Close <input type="checkbox"/> Indirect <input type="checkbox"/> Distant</p> <p>Do you think the applicant is capable of successfully completing graduate studies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>Do you recommend the applicant as a candidate for this school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hesitantly</p> <p>Comments:</p>	



Southwestern Assemblies of God University

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

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



Southwestern Assemblies of God University

STUDENT RELEASE FOR PURPOSES OF RELEASING STUDENT EDUCATION RECORDS

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: _____