

# Graduate Application

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## 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

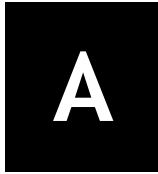
(not required if you are an Assemblies of God ordained or licensed minister)



### 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

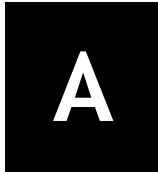
Anticipated Enrollment: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____ Social Security Number _____				
Enrollment Status <input type="checkbox"/> First-time graduate student <input type="checkbox"/> Transfer from another graduate school <input type="checkbox"/> Former SAGU undergraduate student from _____ to _____				
Preferred Learning Model <input type="checkbox"/> On-campus <input type="checkbox"/> Distance Education				
Last Name	First Name	Middle Name	Maiden	Preferred Name
Current Address			City/State/Zip	
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 _____
Ethnic Group: <input type="checkbox"/> African-American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> International Student/Nonresident Alien <input type="checkbox"/> Native Hawaiian/Pacific Islander <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/separated and studying on campus, do you agree to abide by the rules for divorced/separated students stated in the catalog? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list the name and age of all of your children under age 18: _____ _____				

### Parent/Spouse Information

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



### 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?  Yes  No  
 If yes, please attach specific explanation on a separate sheet of paper.

### Educational Goals

CHOOSE ONE

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

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

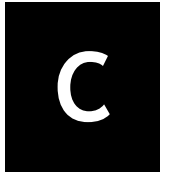
Have you used tobacco, alcohol, or any illegal drugs or mind-altering substance or struggled with pornography, homosexuality, or sexual promiscuity in the last 3 years?  Yes  No  
 If yes, which one? \_\_\_\_\_ Date of discontinuance \_\_\_\_\_  
 Have you ever been convicted of a felony?  Yes  No      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](mailto: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](mailto: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.)*

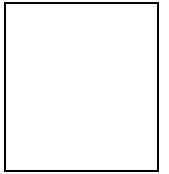
Please check the following:	Excellent	Good	Fair	Poor	Not Known
Moral Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input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

*(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



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**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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relationships Comments _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential Comments _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Character Comments _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills Comments _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance Comments _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Counsel Comments _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholarship Potential Comments _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills Comments _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: \_\_\_\_\_