

# Undergraduate Application

---

## The Application Process

We realize that choosing a college 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.

### A

#### Application

- Application
- Application Fee
- Campus Housing Fee (Required for all single students. Students under 23 wanting to live off campus must submit a formal application.)

### B

#### Reference

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

### C

#### Essay

- Essay

### D

#### Academic

- Official High School Transcript (Official copy must be sent after graduation.)
- Official College Transcript(s)
- ACT or SAT Scores (REQUIRED, unless you have 21 transferable credit hours or more from an accredited college.) For test dates and locations visit [www.sat.org](http://www.sat.org) or [www.act.org](http://www.act.org).

### E

#### Medical (required for all on-campus undergraduate students, not required for distance education)

- Medical History
- Date of last Meningitis Shot
- Date of last Mumps/Measles/Rubella injection
- Date of last Polio injection, if under age 19
- Date and results of TB Skin Test

### F

#### Residence Hall Request

- Residence Hall Request form

Office Use Only

Approved \_\_\_\_\_

Date \_\_\_\_\_



### Undergraduate Application for Admission

\* All applicants should send a \$35 non-refundable application fee along with this application. Applicants who plan to live in a residence hall must also send a \$150 partially-refundable fee to reserve a room.

\* \$50 is non-refundable in all cases. \$100 of this deposit will be credited to your student account after dorm move-in and late registration. If you decide not to attend, we must receive written notification before **July 15** (fall semester deadline) or **December 10** (spring semester deadline) in order to receive a \$100 reimbursement. If we are not contacted by these deadlines, any type of reimbursement will be forfeited.

Signature: \_\_\_\_\_

### General Information

Anticipated Enrollment: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year 20_____		Social Security Number _____/_____/_____		
Enrollment Status: <input type="checkbox"/> Never attended college <input type="checkbox"/> Transfer from another college <input type="checkbox"/> Previous SAGU student from _____ to _____				
Residency Status: <input type="checkbox"/> On-Campus Dorm Resident <input type="checkbox"/> On-Campus Commuter <input type="checkbox"/> Distance Education Student				
<input type="checkbox"/> Discipleship Ministries (MC)				
Last Name	First Name	M.I.	Maiden	Preferred Name
Current Address		City/State/Zip		
County	Home Phone Number ( ) _____	E-Mail Address		
	Work Phone Number ( ) _____			

### 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"/> 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 your children under 18: _____				

### Parental/Spouse Information

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

### Educational Goals

<b>SPECIAL FIELDS OF STUDY</b> (check one)		
<b>Bachelors</b> <input type="checkbox"/> Accounting <input type="checkbox"/> Biblical Studies <input type="checkbox"/> Broadcasting <input type="checkbox"/> Business Administration <input type="checkbox"/> Children & Family Ministries <input type="checkbox"/> Church Music <input type="checkbox"/> Church Planting & Revitalization <input type="checkbox"/> Communication <input type="checkbox"/> Contemporary Worship Music <input type="checkbox"/> Counseling <input type="checkbox"/> Counseling Ministries <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Cross-Cultural Missions <input type="checkbox"/> Discipleship Ministries <input type="checkbox"/> Drama <input type="checkbox"/> Education (non-certification track)	<input type="checkbox"/> Elementary Education <input type="checkbox"/> Bilingual Education <input type="checkbox"/> Early Childhood-Grade 4 <input type="checkbox"/> English <input type="checkbox"/> General Ministries <input type="checkbox"/> History <input type="checkbox"/> Management <input type="checkbox"/> Marketing <input type="checkbox"/> Media Ministries <input type="checkbox"/> Middle School Education <input type="checkbox"/> English Language Arts/Reading <input type="checkbox"/> Social Studies/History <input type="checkbox"/> Music Education <input type="checkbox"/> Instrumental Track <input type="checkbox"/> Piano Track <input type="checkbox"/> Vocal Track <input type="checkbox"/> Music Ministries	<input type="checkbox"/> Music Performance <input type="checkbox"/> Instrumental Performance <input type="checkbox"/> Piano Performance <input type="checkbox"/> Vocal Performance <input type="checkbox"/> Pastoral Ministries <input type="checkbox"/> Professional Development <input type="checkbox"/> Psychology <input type="checkbox"/> Secondary Education <input type="checkbox"/> English Language Arts/Reading <input type="checkbox"/> Social Studies/History <input type="checkbox"/> Social Work <input type="checkbox"/> Sports Management <input type="checkbox"/> Theological Studies <input type="checkbox"/> Youth & Student Ministries <input type="checkbox"/> Undecided
<b>Associates</b> <input type="checkbox"/> Bible <input type="checkbox"/> Business Administration <input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Education <input type="checkbox"/> English <input type="checkbox"/> Foreign Language <input type="checkbox"/> General Business <input type="checkbox"/> General Studies <input type="checkbox"/> Media <input type="checkbox"/> Music <input type="checkbox"/> Psychology <input type="checkbox"/> Social Studies <input type="checkbox"/> Non-degree Seeking		

## Educational Background

Last High School Attended (if less than 21 transferable hours of college credit have been earned, an official transcript from your high school or GED showing your date of graduation must be sent to the Office of Admissions.)			
Address		City/State/Zip	
Type of Diploma <input type="checkbox"/> H.S. Grad <input type="checkbox"/> GED		Date Diploma Received	High School GPA
List each college/university you have attended. An official transcript from each institution must be furnished to the Registrar's Office before acceptance.			
School	City, State	Dates of Attendance	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
Have you been on academic or disciplinary suspension from any college? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please attach specific explanation.			

**Student Profile:** SAGU's admission policy requires all students to have a born-again salvation experience as indicated in John 3:3 and other numerous scriptures. While SAGU 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.

Church Attending	
Address	City/State/Zip
Denomination	If Assemblies of God, what District?
Pastor's Name	If you hold credentials, indicate which: <input type="checkbox"/> Ordained <input type="checkbox"/> Ministerial 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) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Salvation _____/_____/_____	
Do you strive to live a Christian lifestyle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been baptized in water by immersion? (Mark 16:16) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you received the Baptism in the Holy Spirit with the evidence of speaking in tongues? (Acts 2:4) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, are you earnestly seeking Him? <input type="checkbox"/> Yes <input type="checkbox"/> 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 three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state which and give date of discontinuance _____	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please attach an explanation and give dates.	
Are you currently on Parole/Probation? <input type="checkbox"/> Yes <input type="checkbox"/> 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"/> College Ministry Group	<input type="checkbox"/> Personal Inquiry	<input type="checkbox"/> Spiritual Atmosphere	<input type="checkbox"/> Youth Pastor
<input type="checkbox"/> Alumnus	<input type="checkbox"/> Friends	<input type="checkbox"/> SAGU Degree Programs	<input type="checkbox"/> Student	
<input type="checkbox"/> Campus Days	<input type="checkbox"/> Parents	<input type="checkbox"/> SAGU Web Page	<input type="checkbox"/> SW Today magazine	

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.

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

## IF STUDENT IS UNDER 18, PARENT OR GUARDIAN SHOULD COMPLETE THE FOLLOWING:

I approve of the high moral standards of Southwestern and I guarantee the prompt payment of the applicant's account. I also give my permission to Southwestern Assemblies of God University to administer medical attention in case of an emergency.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_











## Official Transcript Request

Applicant Instructions

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

Please fill out the information below and **mail to your high school or college** to request your official transcript. For additional transcript requests, please photocopy this form. Also, you will need to contact each individual institution to obtain information on any applicable fees. **College transcripts must be sent from the original school DIRECTLY to Southwestern to be official. Hand delivered transcripts will not be received as official.**

### High School or College Information (must be final transcript)

Name of Registrar or Principal	
High School or College Applicant Attended	
Address	City/State/Zip

### Former Student (Applicant) Information

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		

### High School or College Instructions

Please send this request along with the official transcript directly to: SAGU Admissions Office, 1200 Sycamore, Waxahachie, Texas, 75165

Transcript cannot be sent because:

- More information needed
- Applicant owes school money \$ \_\_\_\_\_
- No record found
- Other reasons \_\_\_\_\_  
\_\_\_\_\_

Signature

Position

Date



## Medical History

Must be completed by all on-campus applicants.

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

Last Name	First Name	Middle or Maiden	Preferred Name																
Current Address		City/State/Zip	Birth Date																
Social Security Number	College Classification <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced																
<p>Do you have any history of the following illnesses?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Epilepsy</td> <td><input type="checkbox"/> Poliomyelitis</td> <td><input type="checkbox"/> Thyroid (Goiter)</td> </tr> <tr> <td><input type="checkbox"/> Chickenpox</td> <td><input type="checkbox"/> Malaria</td> <td><input type="checkbox"/> Rheumatic Fever</td> <td><input type="checkbox"/> Tuberculosis</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Measles</td> <td><input type="checkbox"/> Scarlet Fever</td> <td><input type="checkbox"/> Typhoid Fever</td> </tr> <tr> <td><input type="checkbox"/> Diphtheria</td> <td><input type="checkbox"/> Mumps</td> <td><input type="checkbox"/> Smallpox</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"/> Thyroid (Goiter)	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Malaria	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Typhoid Fever	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Smallpox	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Thyroid (Goiter)																
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Malaria	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Tuberculosis																
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Typhoid Fever																
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Smallpox	<input type="checkbox"/> Whooping Cough																
<p>Do you have any allergies?</p> <p>Food? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list: _____</p> <p>Medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list: _____</p> <p>Other? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list: _____</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>_____</p> <p>Do you have a physical handicap? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain _____</p> <p>_____</p> <p>Do you consider your general health good? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please give details _____</p> <p>_____</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					

## Required Immunizations for All On-campus Applicants

Meningitis	Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Injection _____
Mumps/Measles/Rubella	Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of First Injection _____ Date of Last Injection _____
<i>(2 Dates Required, MMR Booster required for all students.)</i>			
Polio (if under age 19)	Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Injection _____
<i>(Poliomyelitis: Minimum of three doses (oral) with at least one dose since 4<sup>th</sup> birthday.)</i>			
TB Skin Test within last year	Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Test _____ Results _____



## Residence Hall Request Form

### Applicant Instructions & Information

A student cannot be placed nor can this request be processed until you have applied and have been accepted as a student to Southwestern Assemblies of God University. Please complete this form and return it along with your \$150 room deposit to SAGU Admissions Office, 1200 Sycamore, Waxahachie, Texas, 75165.

\* \$50 is non-refundable in all cases. \$100 of this deposit will be credited to your student account after dorm move-in and late registration. If you decide not to attend, we must receive written notification before **July 15** (fall semester deadline) or **December 10** (spring semester deadline) in order to receive a \$100 reimbursement. If we are not contacted by these deadlines, any type of reimbursement will be forfeited.

Signature: \_\_\_\_\_

Student Status: <input type="checkbox"/> Freshman <input type="checkbox"/> Transfer		Reservation for: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____	
Last Name	First Name	M.I. or Name	
Social Security Number	Date of Birth	Phone Number	
		May we release your phone number to future roommate(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Address		City/State/Zip	

### Residence Hall Request (Mark 3 choices by priority using numbers 1, 2 and 3)

Men:	_____ Guynes	_____ Savell	_____ Teeter	_____ Bridges	
Women:	_____ Kendrick	_____ Guynes	_____ Savell	_____ Teeter	_____ Bridges

### Personal Information

The following information will assist the residence hall staff in placing you with a compatible roommate, however, nothing is guaranteed.	
Age	Intended Major and Specialization
Do you study in your room: <input type="checkbox"/> frequently <input type="checkbox"/> infrequently	Do you prefer to go to bed: <input type="checkbox"/> early <input type="checkbox"/> late <input type="checkbox"/> very late
Are you an early riser in the mornings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you consider yourself: <input type="checkbox"/> tidy <input type="checkbox"/> not so tidy
Do you like to study: <input type="checkbox"/> with or <input type="checkbox"/> without the music/TV on	What type of music do you prefer?
What are your hobbies and personal activities?	
What sports interests do you have and/are involved in with on-campus athletic programs?	
Do you have any special medical/health concerns that we need to take into consideration? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please explain:	
If you have a roommate preference, please put his/her name here: <small>(Your preferred roommate must also request you on his/her request form)</small>	