

APU APPLICATION



About Me



I am applying for : ☐ Spring 20___ ☐ Fall 20___
Year Year

I am a : ☐ Freshman ☐ Freshman Transfer (1-27 college credits) ☐ Sophomore Transfer (28-59 college credits) ☐ Junior Transfer (60+ college credits)

First Name Middle Name Last Name Preferred First Name

Mailing Address: Number & Street Apartment/Unit

City State/Province Postal Code Country

Email Address: _____

Preferred Phone: ☐ Home ☐ Cell _____ Secondary Phone: ☐ Home ☐ Cell _____

Sex: ☐ Male ☐ Female Date of Birth: _____ Have you ever visited APU's campus? ☐ Yes ☐ No

Citizenship Status: ☐ U.S. citizen ☐ Permanent resident (non-U.S. citizen) ☐ Other citizenship (please specify) _____

Social Security Number (optional, but highly recommended for financial aid awarding process and tax reporting): _____

List any friends or relatives who have attended or are now attending APU. _____

(Optional) Do you identify yourself as a person of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

(Optional) How are you most comfortable describing yourself? (Please check all that apply.)

- ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ Caucasian or White

My Family



PARENT 1

Relationship: ☐ Father ☐ Mother ☐ Guardian

Name: _____
First Name Middle Name Last Name

Mailing Address (if different from yours): _____
Number & Street Apartment/Unit

City State/Province Postal Code Country

Phone: _____ Email Address: _____

Occupation: _____ Employer: _____

Highest level of education completed: ☐ High school ☐ Some college ☐ 2-year degree ☐ Bachelor's degree ☐ Graduate degree(s) ☐ Other/unknown

PARENT 2

Relationship: ☐ Father ☐ Mother ☐ Guardian

Name: _____
First Name Middle Name Last Name

Mailing Address (if different from yours): _____
Number & Street Apartment/Unit

City State/Province Postal Code Country

Phone: _____ Email Address: _____

Occupation: _____ Employer: _____

Highest level of education completed: ☐ High school ☐ Some college ☐ 2-year degree ☐ Bachelor's degree ☐ Graduate degree(s) ☐ Other/unknown

My Life



High School Name: _____

High School Address: _____ Graduation Date: _____
City State/Province Month/Year

Please choose the academic major you plan to study at APU from the list enclosed. _____

Please list some of the extracurricular activities, ministries, and hobbies you enjoy participating in and that you are interested in pursuing should you attend APU.

Activity #1 _____ Are you interested in pursuing this in college? ☐ Yes ☐ No

Activity #2 _____ Are you interested in pursuing this in college? ☐ Yes ☐ No

Activity #3 _____ Are you interested in pursuing this in college? ☐ Yes ☐ No

Activity #4 _____ Are you interested in pursuing this in college? ☐ Yes ☐ No

If you have listed an intercollegiate sport of interest, have you made contact with the APU coach? ☐ Yes ☐ No



My Education



If you are applying as a freshman and took college courses in high school or applying as a transfer student, you must provide the information below. We must receive all college transcripts, whether you expect to receive credit for the coursework or not, in order for you to be fully admitted to APU.

Have you taken any college courses? ☐ Yes ☐ No

Please list the names of ALL colleges attended, with the most recent college first.

Most recent college Name	Dates Attended: From - To	Credits Completed
College Name	Dates Attended: From - To	Credits Completed
College Name	Dates Attended: From - To	Credits Completed

My Faith



Azusa Pacific University is an institution built on Four Cornerstones: Christ, Transformational Scholarship, Life-Giving Community, and Sacrificial Service. These four components define why APU exists.

Please read about the Four Cornerstones, and then answer the questions that follow.

- Belief in **Christ** and our understanding of God’s love are central to all that we think and do, and who we are.
- We are called to **scholarship** permeated by our Christian faith, teaching excellence, and the education of the whole person through the liberal arts.
- We believe in a richly diverse **community** and the worth of each individual. Our mission is to encourage each student to fulfill his or her great potential and, in turn, encourage others.
- **Service** is at the heart of our local and international outreach and missions. Our students often find these experiences to be among the greatest of their lives.

Are you readily willing to embrace these Four Cornerstones as you consider the educational, social, and spiritual environment at Azusa Pacific University?

☐ Definitely ☐ Unsure (please contact me for clarification) ☐ Not at this point

Do you have a personal relationship with Jesus Christ? ☐ Yes ☐ No

Church Name: _____
City State/Province Denomination

How often do you attend church-related activities? ☐ More than once weekly ☐ Weekly ☐ Monthly ☐ Rarely

Statement of Agreement with Institutional Policy

Carefully reading and agreeing to this statement on your application are conditions of your admission to Azusa Pacific University.

APU's mission includes cultivating in each student the academic skills required for a degree and the academic integrity and moral responsibility integral to a sound Christian education. A breach of academic integrity is fundamentally inconsistent with the mission of APU.

APU is also committed to a biblical system of values. APU regards each student as a spiritual, emotional, social, and intellectual being and provides a meaningful education through classes, chapel services, and informal, small-group meetings. Spiritual knowledge and growth are an important part of each student's experience at APU.

While APU is a distinctively Christian institution, students do not have to be Christians to be admitted. However, every student is encouraged to be open to learning about the Christian faith and expected to uphold the school's policies and regulations. These include, but are not limited to, the following:

- 1 Specifically, all students pledge: "As a student at this Christ-centered university, I will uphold the highest standards of academic integrity. I will not lie, cheat, or steal in my academic endeavors, nor will I accept the actions of those who do. I will conduct myself responsibly and honorably in all my academic activities as an Azusa Pacific University student." A complete copy of the academic integrity policy is available on the university website at www.apu.edu/registrar/undergraduate/policies/integrity/.
- 2 Attendance at chapel services three times per week is mandatory for all undergraduate students. Students may choose from various options offered throughout the week.
- 3 In order to graduate with a bachelor's degree from the university, one must complete 18-21 units within Haggard School of Theology (varies depending on chosen major course of study). A student must also complete 120 ministry credits (approximately 120 hours) of nonclassroom Christian or community service in the surrounding area. (These requirements are prorated for transfer students.)
- 4 Unmarried cohabitation with members of the opposite sex, sexual misconduct, and homosexual activities are unacceptable behaviors for students enrolled at APU.
- 5 Students possessing, distributing, and/or using alcohol, narcotics, or other intoxicants on university premises or at university-sponsored activities will be subject to judicial action. The university also reserves the right to confront behavior that is detrimental to the student, the community, the university, and/or others, regardless of the location or age of the student.
- 6 Smoking or chewing tobacco is not permissible on the APU campus at any time.

If admitted to APU, you are expected to abide by the rules and regulations of the university as contained in the current undergraduate Catalog, Student Handbook, and departmental brochures in addition to what is described above. If there is a dispute between you and the university, the catalog outlines the procedure for making an appeal. It is your responsibility to be aware of the policies outlined in the current undergraduate Catalog.

Azusa Pacific University's Annual Security Report includes statistics for the previous three years concerning reported crimes that occurred on campus, in certain off-campus property owned or controlled by Azusa Pacific University, and on public property within, or immediately accessible from, the campus. The report includes institutional policies concerning campus security, such as sexual assault and other matters. You can obtain a copy of this report by contacting the Department of Campus Safety at (626) 815-3898 or online at www.apu.edu/campusafety/securityreport/.

Almost Finished!



Don't forget to enclose a check when you mail your application to pay your \$45 fee. We need to receive your fee before we can begin processing your application. You may include your completed reference form in the application packet if convenient.

I certify that the information in my application is complete and correct to the best of my knowledge. I authorize my high school to release information to the university and I understand that this information will be relied upon by the officials of the university in determining my admission status and that the submission of false information is grounds for rejection of my application, withdrawal of an offer of acceptance, and/or other disciplinary action. **I also have read and understand the Statement of Agreement, and I pledge to abide by the rules and regulations of Azusa Pacific University.**

Student's Signature

Date

Azusa Pacific University, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, and Section 504 of the Rehabilitation Act of 1975, does not discriminate on the basis of race, color, national origin, gender, age, disability, or status as a veteran in any of its policies, practices, or procedures.



Official Transcript Request Form

To the Student

Please note: Your official transcript and this form should be received as soon as possible to give you the best possible admissions consideration. If you are a freshman and took college courses in high school, or you are a transfer student, you must provide the information below. **We must receive all college transcripts**, whether you expect to receive credit for the coursework or not, in order for you to be fully admitted to APU.

Complete the following section and give this form to your guidance counselor as soon as possible.

First Name	Middle Name	Last Name	Date of Birth
Address: Number & Street		Apartment/Unit	Social Security Number
Address: City		State/Province	Postal Code
Country			

The Family Educational Rights and Privacy Act of 1974 permits a matriculated student to have access to his/her file unless a waiver of that right has been signed. If you wish to waive your right to access your file, sign your name in the space provided. The waiver is NOT required as a condition of admission.

Applicant's Signature	Date
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To the Counselor

First Name	Middle Name	Last Name	Phone	
High School Name			CEEB	
High School Address: Number & Street	City	State/Province	Postal Code	Country
Counselor's Signature			Date	

Please note: This form and the student's official transcript should be received as soon as possible to give the applicant the best possible admissions consideration.

PLEASE RETURN TO:

Office of Undergraduate Admissions
Azusa Pacific University
PO Box 7000
Azusa, CA 91702-7000



Character Recommendation Form

Student:

Complete the following section and give this form to someone who has observed your character and/or spiritual development over a reasonable period of time. A list of acceptable and unacceptable choices is as follows:

- **ACCEPTABLE:** Pastor, Youth Pastor/Leader, Coach, Employer, Adult Family Friend
- **UNACCEPTABLE:** Academic Instructor, Relative, Friend (Peer)

First Name	Last Name	Date of Birth
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Address: Number & Street	Apartment/Unit	Social Security Number
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Address: City	State/Province	Postal Code
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Address: Country

Student release and waiver status:

I waive my right to review or access letters and statements of recommendation on my behalf. ☐ YES ☐ NO

Student Name	Date
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To the Evaluator

This student is applying for admission to Azusa Pacific University. The Office of Undergraduate Admissions finds candid, thorough evaluations invaluable to the decision-making process. Please include any information that you feel is pertinent, and remember that the sooner you return this form to APU, the sooner we can give this student our admissions decision. Thank you.

Please rate the applicant in each of the following areas:

	Superior	Above Average	Average	Below Average	Not Applicable
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Ability to work with others					
Dependability					
Emotional stability					
Leadership					
Personal integrity					
Spiritual maturity					
Overall evaluation					

Continued ...

Character Recommendation Form (continued)

Student Name: _____

Please include additional comments about your perception of the student’s fit for a Christian college community.

Please indicate any area(s) in which the applicant might need special attention from APU staff/faculty.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

I ☐ **recommend** ☐ **do not recommend** ☐ **recommend with reservation** this individual for enrollment at APU.

First Name	Last Name	Position/Occupation
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Phone	Email Address
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Address: Number & Street

City	State/Province	Postal Code	Country
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Evaluator’s Signature	Date
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Please note: This form should be returned as soon as possible to give the applicant the best possible admissions consideration.

There are three ways to submit this form:

1. Mail it to:

Office of Undergraduate Admissions
Azusa Pacific University
PO Box 7000
Azusa, CA 91702-7000
2. Fax it to (626) 812-3096

3. Scan & email it to admissions@apu.edu





Nursing Recommendation Form

To the Student

Complete the following section and give this form as soon as possible to someone who has observed you in a professional setting for a reasonable period of time. This should be an employer or community leader for whom you have worked or volunteered. Please furnish the evaluator with a stamped envelope, using the address at the bottom of the second page.

First Name	Middle Name	Last Name	Date of Birth
Address: Number & Street		Apartment/Unit	Social Security Number
Address: City	State/Province	Postal Code	
Address: Country			

The Family Educational Rights and Privacy Act of 1974 permits a matriculated student to have access to his/her file unless a waiver of that right has been signed. If you wish to waive your right to access your file, sign your name in the space provided. The waiver is NOT required as a condition of admission. **I hereby waive my right of access to this letter of recommendation.**

Applicant's Signature	Date
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To the Evaluator

This student is applying for admission to Azusa Pacific University. The Office of Undergraduate Admissions finds candid, thorough evaluations invaluable to the decision-making process. Please include any information that you feel is pertinent, and remember that the sooner you return this form to APU, the sooner we can give this student our admission decision. Thank you.

Please rate the applicant in each of the following areas:

Excellent (Top 15%)	Good (Top third)	Average (Middle third)	Poor (Bottom third)	Do Not Know
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Ability to work with others					
Conceptual ability					
Consistency					
Creativity					
Flexibility					
Initiative					
Integrity					
Leadership					
Maturity					
Motivation					
Sensitivity to patients					

Continued ...



Nursing Recommendation Form (continued)

How long have you known the candidate and in what capacity? _____

What do you consider to be the applicant’s outstanding talents or strengths? (Please give specific examples.)

What do you consider to be the applicant’s major weaknesses? _____

How well do you think the applicant has thought of his/her plans for this program of study? _____

I ☐ recommend ☐ do not recommend ☐ recommend with reservation this individual for enrollment in the School of Nursing.

First Name	Middle Name	Last Name	Position/Occupation
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Phone	Email Address
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Address: Number & Street	City	State/Province	Postal Code	Country
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Evaluator’s Signature	Date
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Please note: This form should be returned as soon as possible to give the applicant the best possible admissions consideration.



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PO Box 7000
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