PROFESSIONAL STUDIES PROGRAM

ADMISSION APPLICATION



1-877-246-2225

Admission Information				
Desired Semester of Enrollment: [☐ Fall ☐ Spring ☐ Summer	Year: Preferred L	ocation: 🗌 Takon	na Park 🗌 Other
☐ BS Inform ☐ BS Organi	ess Administration Care Administration ation Systems izational Management seling Psychology	 □ BA in Liberal Studies: Eler □ BA Liberal Studies: ECED □ BA Liberal Studies: ECED □ BS-RN/EXCELL □ AS General Studies □ Other 	with MSDE Cert non Certification	ification
Personal Information				
Social Security #:				
Full Legal Name:	Last	First		Middle/Maiden
Variations of your name used of				
Permanent Mailing Address:	Number		Street	
City		State		Zĺp
Telephone Number:	(Home)_		Vork)	
Preferred E-Mail:				
If you live in Maryland, in which	າ county do you reside?	☐ Anne Arundel (02)☐ Howard (13)☐ Prince George's (16)	☐ Montgome	
Employment:		Co.	sition/Title	
		70	Sidon/Tide	
Statistical Information				
Washington Adventist Universifications for admission.	ty does not consider race,	gender, age, disability, color,	or national origir	in determining quali-
Sex: ☐ Male ☐ Female	Marital Status:	☐ Single ☐ Married	Birthdate: _	/ / Month Date Year
Religious Affiliation:				
Citizenship: United States	☐ Permanent Resid	dent Alien Registration #:		
☐ Other:		Uisa Type:		
☐ Country of Birt	th:	Native Languaç	ge:	
Ethnicity: (U.S. Citizens And Pern	nanent Residents Only)			
☐ Hispanic ☐ White/Caucasian	□ Non-Hispanic□ African-American/Blance	☐ Asian ack ☐ American or Alaska		waiian/Pacific Islande
Education Background				
☐ First time in any college☐ Transferring with 40 cred		erring with less than 40 credits ing to WAU: Date last enrolle		
			con	tinued on next page

How did you first hear a	veteran's benefits? Yes bout the program? GPS student, Name:				www.wau.edu		
	or Universities Attended						
Institution	City	State	Dates Attended	Credits Earned	Degree Earned		
Name of High School:			Graduation Date:				
City:		State:	tate:Zip:				
Other secondary school	completion certificate: ${(GED, GCE, V)}$	VASC, CXC)		Date Red	seived		
School Name							
Licenses/Certifications:	□ RT □ LI □ RRT □ R	ILT (ASCP) PN N License #:	Other:				
Military Training/Educati	on: (MOS/NER)			Hours			
Admission Informa	tion						
sent directly to the Scho	ant is responsible for having an ol of Graduate and Professional to you. Transcript request forms	Studies office. All s	uch transcripts bed				
Next Step							
	a typed narrative description of , punctuation, spelling, and grar	•	ce in 100 words or	more. Please g	ive special		
Campus Security							
☐ Yes ☐ No	Have you ever been convicted or pleaded guilty or no contest with regard to any criminal or military offense, excluding minor traffic violations?						
☐ Yes ☐ No	Have you ever been academically dismissed from, declared ineligible to attend, or incurred disciplinary action at any previous institution?						
(Consistent with the federal C security number, and date(s) of	ampus Security Act, if you answer "Yes" of incident(s).	to either, please attach a	letter of explanation. Ir	oclude in that letter	your name, social		
	olicants to certain academic programs w. v. Admitted applicants will be notified, at						
	nation I have given in this application is t nay result in dismissal from the degree p		est of my knowledge, kn	owing that withhold	ding or		

WASHINGTON ADVENTIST UNIVERSITY