

APPLICATION FOR ADMISSION

GRADUATE PROGRAMS



Graduate & Professional
STUDIES **Northwest**
UNIVERSITY

Employment History

Current Employer _____ Date of Hire _____

Street Address _____

City _____ State _____ Zip _____

Position _____ Full Time Part Time

PREVIOUS EMPLOYER / POSITION	CITY & STATE	FT	PT	DATES OF EMPLOYMENT

Church Affiliation (Optional)*

* Must fill out if applying to Masters in Missional Leadership or Masters in Theology and Culture.

Church Name _____ Denomination _____

Church Involvement _____

Extracurricular Activities / Academic Awards

Please list school, community, church, philanthropic and work activities in which you have been involved. Please include specific events and major accomplishments.

Please list any memberships you hold, or have held, in honorary and professional fraternities or organizations.

Please list any scholarships or other special recognitions you have received.

Statistical Information (Optional)

Northwest University does not discriminate on the basis of race, color, gender, age, national/ethnic origin, nor disability in its admissions policies. Therefore, any questions so related may be considered optional.

Marital Status: Married Single Divorced Widow Gender: Female Male

Ethnic Origin: Asian/Pacific Islander Black, Non-Hispanic Caucasian, Non-Hispanic
 Hispanic Native American/Alaskan Native Other _____

Application Fee

A \$75.00 non-refundable application processing fee is required.

Please include your check with this application. Make check payable to "Northwest University."

Application Certification and Authorization

I understand that I am responsible for the submission and receipt of all official transcripts of my records, and that Northwest University will accept, for its permanent file, only those official transcripts issued directly by the Registrar of each institution I have attended. Formal admission to Northwest University as a degree candidate is granted only after all admission materials have been received and all minimum standards are met.

I certify that the statements in this application are correct to the best of my knowledge. I further authorize Northwest University to make appropriate inquiries when necessary to certify the accuracy of my records. I understand that failure to answer any questions on this form truthfully and accurately might make me ineligible for admission to Northwest University or may result in my dismissal from the University.

Signature _____ Date _____

Contact Information

If you have any questions, please contact us at:



**GRADUATE & PROFESSIONAL STUDIES ENROLLMENT
P.O. BOX 579
KIRKLAND, WA 98083-0579**

**PHONE: 425.889.7799 ■ TOLL FREE: 877.453.5327
FAX: 425.803.3059 ■ TOLL FREE FAX: 866.329.5327**

**E-MAIL: gpse@northwestu.edu
WEB SITE: www.northwestu.edu/ministrygrad/**

The mission of Northwest University is to provide, in a distinctly evangelical Christian environment, quality education to prepare students for service and leadership.

Reference Form

Please check the appropriate reference field: Academic Pastoral Personal Professional

TO BE COMPLETED BY APPLICANT

Please give this form to someone who is familiar with your academic work and goals and who is able to comment on your qualifications as a citizen and as a student for graduate study. This person should not be a family member. Ask the recommender to complete this form and mail it to Northwest University.

As a courtesy to each reference, please include a stamped envelope addressed to Graduate and Professional Studies Enrollment. Please type or print.

Graduate program applying for: _____

Applicant Name _____
LAST FIRST MIDDLE MAIDEN NAME (IF APPLICABLE)

Street Address _____

City _____ State _____ Zip _____

- I waive my right to review the comments by the person giving the recommendation
 I do not waive my right to review the comments

Signature of Applicant _____ Date _____

TO BE COMPLETED BY RECOMMENDER

The person above is applying to a Northwest University graduate program. You have been selected by this applicant to submit your evaluation of the applicant's qualifications. Please fill out this form as completely as possible. This information will be held in confidence and used only for determining the applicant's qualification for admission. Thank you for your cooperation. Please type or print.

How long have you known the applicant? _____

In what capacity? _____

In your opinion, is the applicant qualified for admission to this program? Yes No Undecided

In your opinion, what is the applicant's relationship with his/her peer group?

- Sought out Admired, but not sought out Tolerated Avoided

In your opinion, what are the applicant's greatest skills or attributes?

In your opinion, what are the applicant's greatest weaknesses or difficulties?

(Continued on reverse side)

Please rate the applicant in the following areas:

	Top 10%	Upper Half	Lower Half	No Opinion
Intelligence, Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity and Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity/Ability to Adapt	<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"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills/Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Schoolwork	<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"/>
Potential for Success in this Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the above ratings, particularly concerning the applicant's past accomplishments, potential, and personal qualities. Attach extra sheets if needed.

Please select one:

- I highly recommend this applicant
- I do not recommend this applicant
- I recommend this applicant with reservations

If you do not recommend this applicant or have reservations, please explain on a separate sheet of paper.

Name of person making recommendation _____

Employer _____ Position _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Signature of Recommender _____ Date _____

When you have completed this form, please mail it to:

GRADUATE & PROFESSIONAL STUDIES ENROLLMENT
NORTHWEST UNIVERSITY
P.O. BOX 579
KIRKLAND, WA 98083-0579
PHONE: 425.889.7799 ■ FAX: 425.803.3059



Request for Official Transcript

(Please print and mail this form to the institution from which the transcript is being requested. Be sure to include required transcript fee.)

From: _____
STUDENT NAME

Address _____ City _____ State _____ Zip _____

Name of transcript if different (Maiden/Other Name) _____

To: _____
SCHOOL FROM WHICH TRANSCRIPT IS REQUESTED

Address _____ City _____ State _____ Zip _____

Enrollment Date: From _____ To _____ Number of official copies requested _____

Social Security # _____ Date of Birth _____

Copy 1 Send to: Northwest University, Graduate and Professional Studies
P.O. Box 579, Kirkland, WA 98083-0579

Copy 2 (Optional) Send to student at above address: Yes No

Student Signature _____ Date _____

Request for Official Transcript

(Please print and mail this form to the institution from which the transcript is being requested. Be sure to include required transcript fee.)

From: _____
STUDENT NAME

Address _____ City _____ State _____ Zip _____

Name of transcript if different (Maiden/Other Name) _____

To: _____
SCHOOL FROM WHICH TRANSCRIPT IS REQUESTED

Address _____ City _____ State _____ Zip _____

Enrollment Date: From _____ To _____ Number of official copies requested _____

Social Security # _____ Date of Birth _____

Copy 1 Send to: Northwest University, Graduate and Professional Studies
P.O. Box 579, Kirkland, WA 98083-0579

Copy 2 (Optional) Send to student at above address: Yes No

Student Signature _____ Date _____