

Office use only:

Approved _____

Date _____

STEP 1**Undergraduate Application for Admissions****Southwestern Assemblies of God University**

Please Note: All applicants should send a \$35 non-refundable application fee with this application.

I understand and accept the above refund policy. Signature (use last 4 digits of Social Security # if electronic): _____

General InformationAnticipated Enrollment: Fall Spring Summer Year ____

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 _____				
Attendance Type: <input type="checkbox"/> On-Campus Dorm Resident <input type="checkbox"/> On-Campus Commuter <input type="checkbox"/> The LEAD Program/OSL <input type="checkbox"/> School of Ministry – SOM (online) <input type="checkbox"/> Online Student (age 22 and up) <input type="checkbox"/> Engage in Missions (online) <input type="checkbox"/> Dual Credit (online) SOM Site: _____				
Last Name	First Name	Middle Name	Maiden	Preferred Name
Current Address			City/State/Zip	
County	Cell Phone (_____) _____	E-Mail Address 1		
	Home Phone (_____) _____	E-Mail Address 2		
	Work Phone (_____) _____			

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 (Select all that apply) <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		Country of Citizenship? _____	
If no, what is your visa status? _____				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated (date ____ / ____ / ____) <input type="checkbox"/> Divorced (date ____ / ____ / ____)				
Please list the name and age of all of your children under age 18:				

Parent/Spouse Information

Last Name	First Name	Relationship	Phone
E-Mail Address	Current Address		City/State/Zip
Last Name	First Name	Relationship	Phone
E-Mail Address	Current Address		City/State/Zip

Undergraduate Application for Admissions

Southwestern Assemblies of God University

Educational Background

Last High School Attended					
Address			City/State/Zip		
Type of Diploma <input type="checkbox"/> H.S. Grad <input type="checkbox"/> GED		Date of High School graduation or GED:		High School GPA	
List each college/university you have attended. An official transcript from each institution must be sent from the institution directly to the SAGU Admissions Office before acceptance.					
School	City, State	Dates of Attendance	GPA	Degree Earned	
Have you been on academic or disciplinary suspension from any college? (If yes, please explain briefly below.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
ACT Score					
Composite	English	Math	Reading	Science	Date
SAT Score					
Combined	Reading	Math	Writing	Date	

Educational Goals (Select Field of Study)

<input type="checkbox"/> Bachelor (4-year) <input type="checkbox"/> Associate (2-year) <input type="checkbox"/> Non-Degree Seeking		College of Music and Communication Arts	
College of Bible and Church Ministries		College of Business and Education	
<u>Church Ministries</u> <input type="checkbox"/> Bible and Theology*** <input type="checkbox"/> Biblical Studies <input type="checkbox"/> Children & Family Ministries <input type="checkbox"/> Church Leadership*** <input type="checkbox"/> Ministry Track*** <input type="checkbox"/> LEAD Track <input type="checkbox"/> LEAD/MOL Track <input type="checkbox"/> Church Planting & Revitalization <input type="checkbox"/> Counseling Ministries <input type="checkbox"/> Intercultural Studies <input type="checkbox"/> Media Ministries* <input type="checkbox"/> Music Ministries* <input type="checkbox"/> Pastoral Leadership <input type="checkbox"/> Theological Studies <input type="checkbox"/> Youth & Student Ministries	<u>Counseling/Psychology</u> <input type="checkbox"/> Counseling (Pre-Professional) <input type="checkbox"/> Counseling (Pre-Professional) with a Minor <input type="checkbox"/> Human Services*** <input type="checkbox"/> Counseling*** <input type="checkbox"/> Criminal Justice*** <input type="checkbox"/> Psychology*** <input type="checkbox"/> Social Work*** <input type="checkbox"/> Psychology (Pre-Professional) <input type="checkbox"/> Psychology (Pre-Professional) with a Minor <u>Criminal Justice</u> <input type="checkbox"/> Criminal Justice <u>Social Work</u> <input type="checkbox"/> Social Work (Pre-Professional)* <input type="checkbox"/> Social Work (Pre-Professional) with a Minor* <u>Associate Degrees:</u> <input type="checkbox"/> Bible <input type="checkbox"/> Intercultural Studies <input type="checkbox"/> Psychology	<u>Business</u> <input type="checkbox"/> Accounting* <input type="checkbox"/> General Business <input type="checkbox"/> Human Resource Management <input type="checkbox"/> Management <input type="checkbox"/> Marketing <input type="checkbox"/> Sports Management* <u>Education</u> <input type="checkbox"/> Education (Non-Certification) <input type="checkbox"/> Elementary Education <input type="checkbox"/> Middle & Secondary Education <input type="checkbox"/> Eng. Language Arts/Reading <input type="checkbox"/> Math <input type="checkbox"/> Social Studies/History <input type="checkbox"/> Music Education (All Levels)* <input type="checkbox"/> Instrumental* <input type="checkbox"/> Piano* <input type="checkbox"/> Vocal* <input type="checkbox"/> Physical Education (EC-12)* <input type="checkbox"/> Theatre Education (EC-12)*	<u>History</u> <input type="checkbox"/> Ancient Studies <input type="checkbox"/> History <u>Interdisciplinary Studies</u> <input type="checkbox"/> Interdisciplinary Studies*** <u>Math</u> <input type="checkbox"/> Mathematics <u>BAAS</u> <input type="checkbox"/> Occupational Leadership** <u>Associate Degrees:</u> <input type="checkbox"/> Business Administration <input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Education <input type="checkbox"/> General Studies <input type="checkbox"/> Social Studies
<u>Communication Arts</u> <input type="checkbox"/> Communication Studies* <input type="checkbox"/> Digital Media Arts* <input type="checkbox"/> Theatre* <u>English</u> <input type="checkbox"/> English <u>Music Performance</u> <input type="checkbox"/> Instrumental* <input type="checkbox"/> Piano* <input type="checkbox"/> Vocal* <u>Associate Degrees:</u> <input type="checkbox"/> English <input type="checkbox"/> Media* <input type="checkbox"/> Music*		* On Campus Only ** Online Only *** Maximum Transfer	

Undergraduate Application for Admissions

Southwestern Assemblies of God University

Student Profile

SAGU's 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 worldview. A copy of the Statement of Fundamental Truths of the Assemblies of God is available upon request.

The University also maintains an abstinence policy regarding tobacco, alcohol, any illegal drugs or mind-altering substances, as well as inappropriate sexual conduct of any nature.

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 credentials, indicate which: <input type="checkbox"/> Ordained <input type="checkbox"/> Licensed <input type="checkbox"/> Certified Minister Denomination or Fellowship:	

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 a written/typed 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 _____

Are you a child or grandchild of a SAGU alumnus? Yes No

If yes, list names and dates of attendance if known.

Name: _____ Date of attendance _____

Name: _____ Date of attendance _____

Short Essay Question

Using 200-500 words, please describe and discuss in a well-written essay how your personal salvation and faith in Christ is lived out in your daily life and your reasons for choosing SAGU.

This essay and information below are considered carefully for admissions and scholarship awarding decisions. (If more space is needed please attach a separate sheet.)

Outline your church and ministry involvement/activities, past and present.

- _____
- _____
- _____
- _____

Outline your school and community involvement/activities, past and present.

- _____
- _____
- _____
- _____

Outline your future educational and career goals.

- _____
- _____
- _____
- _____

SIGNATURE

I certify that all information in this application is complete and accurate. I understand that acceptance to Southwestern Assemblies of God University is subject to verification of final records from all institutions I have attended. If accepted, I agree to abide by the policies and high moral standards of Southwestern Assemblies of God University, and to be responsible for payment of all educational costs.

Date _____ Signature (use last 4 digits of SSN if electronic) _____

This **completed and signed** application can be submitted via:

Mail: Southwestern Assemblies of God University, Admissions Office, 1200 Sycamore Street, Waxahachie, TX 75165

Fax: 972-923-8133 **Email:** Admissions@sagu.edu

Southwestern Assemblies of God University is in compliance with all applicable regulations pertaining to non-discrimination on the basis of sex, race, color, national or ethnic origin, age, and disability in its recruitment, admission, education, financial aid, and employment policies and programs.

Christian Character Reference

Applicant Instructions and Information

Anticipated Enrollment: Fall Spring Summer Year ____

Please complete this section and sign the statement below if you wish to waive your rights as stated. Your pastor, former pastor, youth pastor, or church lay-leader (elder, deacon, or board member) should complete the Recommendation section. *(The individual may not be a relative.)*

Student's Last Name	Student's First Name	Middle Name
Student's 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>		
Signature (use last 4 digits of SSN if electronic)		Date

Recommendation

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.

How long have you known the applicant? _____

To what extent have you known the applicant? Personal relationship Somewhat closely Indirectly Distantly

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
	Struggled with sexual promiscuity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Struggled with homosexuality? <input type="checkbox"/> Yes <input type="checkbox"/> No

To your knowledge, has the applicant ever been divorced? Yes No Remarried? Yes No

Do you know of anything, which might hinder the applicant from making satisfactory progress as a student? (If so, please comment on separate page.)

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"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence on 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"/>
Readiness for college	<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 give additional explanation on separate page.)

For admission to Southwestern Assemblies of God University, this student is recommended:

With enthusiasm Strongly With Reservation Not Recommended

Please Print Your Name:		
Signature (use last 4 digits of SSN if electronic)	Position	Date
Church	Denomination	Phone
Address	City/State/Zip	

Thank you for your assistance. This completed and signed application can be submitted via:

Mail: Southwestern Assemblies of God University, Admissions Office, 1200 Sycamore Street, Waxahachie, TX 75165

Fax: 972-923-8133 **Email:** Admissions@sagu.edu

Academic Information

- Provide an official high school transcript showing the date of graduation and a minimum GPA of 2.0* from an accredited public or private high school, home school, or proof of high school equivalency (GED). The high school transcript must include the appropriate college preparatory classes.

Note: Students transferring to SAGU with at least 21 college hours of general education credit will not be required to submit a high school transcript.

- Provide scores from the American College Test (ACT) or Scholastic Aptitude Test (SAT) taken within the last 5 years. The minimum score required for the ACT is a composite of 19*, or a combined SAT score of 1350* (Critical Reading + Math + Writing).

Note: Students transferring to SAGU with at least 21 college hours of general education credit will not be required to submit an ACT/SAT score.

- Official transcripts from each college attended must be sent directly from that college to:
SAGU Admissions Office, 1200 Sycamore, Waxahachie, Texas 75165.

* Students who do not meet the minimum academic **admissions requirements** may be considered for admission on a case-by-case basis as determined by the Admissions Committee. Contact your Admissions Counselor ([On-campus Counselors](#) | [Online Admissions Counselors](#)) for more information.

All materials submitted during the admissions process become property of SAGU and will not be returned.

Medical History

Applicant Instructions

Anticipated Enrollment: Fall Spring Summer Year ____

Last Name	First Name	Middle or Maiden	Preferred Name
Current Address	City/State/Zip		Birth Date
Last 4 digits of Social Security #	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	
Do you have any history of the following illnesses?			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Thyroid
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Measles
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Smallpox	<input type="checkbox"/> Whooping Cough
Do you have any allergies?			
Food?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____	
Medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____	
Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____	
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			
List any other illnesses: _____			
List any major health problems: _____			
List major surgeries/procedures and give the approximate dates: _____			
Do you have a physical handicap? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain: _____			
Do you consider your general health good? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please give details _____			
Are you taking any prescription or over-the-counter medications regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list names, dosages, and frequency: _____			

Family Health Information

	Name	Age	Occupation	Age at death	Cause of death
Father					
Mother					
Siblings					

Required Immunizations: All students under 30 years of age taking on campus classes are required to have the following immunizations. Official shot records are required.

Meningitis (within last 5 years)	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last injection: _____
Mumps/Measles/Rubella <i>(2 Dates Required: MMR Booster required for all students.)</i>	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of first injection: _____ Date of last injection: _____
Polio (if under age 19) <i>(Poliomyelitis: Minimum of three doses (oral) with at least one dose since 4th birthday.)</i>	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last injection: _____
TB Skin Test (within last year)	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of test: _____ Results: _____

Dorm Reservation

Applicant Instructions and Information

A student cannot be placed and this request cannot be processed until you have applied and 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, 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.

I understand and accept the above refund policy. Signature (use last 4 digits of SSN if electronic): _____

Student Status: <input type="checkbox"/> Freshman <input type="checkbox"/> Transfer		Reservation for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____	
Last Name		First Name	
		Middle Name	
Last 4 digits of Social Security #		Birth Date	
		Phone	
Current Address		City/State/Zip	

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

Men	Guynes	Savell	Teeter	Bridges	Collins (Oaks School of Leadership Only)
Women	Kendrick	Guynes	Savell	Teeter	Bridges Collins (Oaks School of Leadership Only)

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 morning? <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 Music/TV or <input type="checkbox"/> Without Music/TV	What type of music do you prefer?
What are your hobbies and personal activities?	
What sports interests do you have, and are you involved in 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: (Roommate preference will be based on availability and preferred roommate's acceptance status at time of placement. Your preferred roommate must also request you on his/her form.)	