

POINT LOMA NAZARENE UNIVERSITY



POINT LOMA
NAZARENE
UNIVERSITY

APPLICATION

for GRADUATE AND CREDENTIAL ADMISSION



SOCIAL SECURITY NUMBER - MANDATORY

1 [] - [] - []

NAME

Last

First

Middle

PLNU ID#

APPLFEE

A. Personal Data: Please print in black ink and fill in all spaces completely.

2 LAST NAME (LEGAL NAME) FIRST NAME MIDDLE NAME
MR REV MRS DR MS OTHER

PREVIOUS OR ADDITIONAL NAMES THAT YOU MAY BE IDENTIFIED BY

3 STREET ADDRESS APARTMENT, BOX, C/O

4 CITY STATE ZIP CODE (USE ZIP+FOUR, IF KNOWN) COUNTRY (IF NOT U.S.)

5 HOME NUMBER 6 WORK NUMBER 7 DATE OF BIRTH 8 E-MAIL ADDRESS

9 CITY AND STATE OF BIRTH 10 COUNTRY OF BIRTH (IF NOT USA) 11 CITIZENSHIP STATUS: US CITIZEN PERMANENT US RESIDENT NON-RESIDENT COUNTRY OF CITIZENSHIP (IF NOT USA)

B. Statistical Information (Items in this section are for statistical purposes only. Answers will have no effect on admission decisions.)

13 MARITAL STATUS: SINGLE MARRIED DIVORCED GENDER: MALE FEMALE 14 CHURCH AFFILIATION OR DENOMINATION

15 HOME CHURCH NAME 16 ETHNIC STATUS: ASIAN/PACIFIC ISLANDER BLACK/AFRICAN AMERICAN LATINO/HISPANIC MIDDLE EASTERN NATIVE AMERICAN WHITE/CAUCASIAN OTHER (Please Specify)

C. Educational Aims at Point Loma Nazarene University (Check all that apply)

Business Education - Degree Programs Education - Service Credential Programs Education - Teaching Credential Programs Nursing Religion Other program not listed:

If applying to an education degree or credential program, which PLNU location will you attend? Arcadia San Diego (Mission Valley) Bakersfield

D. Application Information

17 I plan to enter: Month/Session _____ Year _____	18 I plan to be: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <i>(FT = 6 or more graduate units/9 or more credential units)</i>	19 I plan to attend during: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening and/or weekend <i>(Please refer to a PLNU advisor for class time offerings)</i>	20 Have you ever applied or attended PLNU? <input type="checkbox"/> No <input type="checkbox"/> Yes Year Applied _____ Last Date of Attendance _____
---	--	---	---

E. References and Recommendations

Provide the following information of two people who are qualified to give objective estimates of your personal and academic qualifications. Distribute the personal recommendation form to the persons you list below, and have them return the recommendations directly to PLNU or to you in a sealed and signed envelope. **Please note, your program may require more than two recommendations to be submitted. Please refer to the admissions requirements for your selected program.**

RECOMMENDER 1

FIRST NAME	LAST NAME	OCCUPATION/RELATIONSHIP TO STUDENT		
TELEPHONE NUMBER ()	ADDRESS	CITY	STATE	ZIP CODE

RECOMMENDER 2

FIRST NAME	LAST NAME	OCCUPATION/RELATIONSHIP TO STUDENT		
TELEPHONE NUMBER ()	ADDRESS	CITY	STATE	ZIP CODE

F. Academic Preparation

21 Have you earned a bachelor's degree? <input type="checkbox"/> No <input type="checkbox"/> Yes	22 Self-Reported Undergraduate G.P.A.	23 Graduation Date	24 Major/Emphasis
--	--	---------------------------	--------------------------

25 Have you ever been placed on academic probation or academic dismissal by any college or university?
 No Yes If yes, please explain:

26 Have you completed any credential, license or certificate programs? If yes, please list:
 No Yes

27 List in chronological order the names of all colleges or universities attended (including PLNU) with dates of attendance and degrees earned, if any. Please avoid over abbreviating school names to ensure accuracy (i.e. CSU Los Angeles instead of CSULA)

Name	Location	Date Attended (Start-End)	Degree Earned	Date Transcripts Requested
		—		
		—		
		—		
		—		
		—		

28 Please indicate test(s) with dates taken or dates scheduled. Please refer to the admissions requirements for the program you are applying to for information as to which tests are required for admission.
 GRE _____ MAT _____ GMAT _____ CBEST _____ CSET _____

G. Professional Experience

29 Current Employer	30 Occupational Field	31 Position
---------------------	-----------------------	-------------

32 Work Address	Work Telephone ()	33 Dates Employed _____ — _____
-----------------	--------------------------	------------------------------------

34 Have you ever served in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes Branch of Service _____	Dates Served (Start--End) _____ — _____
--	--

Military Awards or Honors

35 Work History

Please list in chronological order your work history below. You may omit your current position, as this information is found above. A resume may be submitted in lieu of completion of this section as long as all items are included on your resume.

Name	Location	Dates Employed (Start--End)	Business Telephone	Position
		—	()	
		—	()	
		—	()	
		—	()	
		—	()	

H. Application Influence

How did you learn about the graduate or credential programs offered at PLNU? Please list all sources through which you have heard of PLNU:

Rank numerically, 1 as the highest, the three (3) people, publications or events that most influenced your decision to apply to PLNU

_____ PLNU Student _____ Family Member _____ Open House _____ Advertisement _____ PLNU Alumnus

_____ Friend _____ PLNU Faculty _____ PLNU Publication _____ Other (Please explain) _____

Are you applying to other graduate schools? No Yes If yes, please list other graduate schools to which you are applying:

1. _____

2. _____

3. _____

Please list any relatives who have attended or worked at Point Loma Nazarene University:

Name	Dates Attended/Employed	Relationship
1. _____	—	_____
2. _____	—	_____
3. _____	—	_____

I. Nature of Program

Point Loma Nazarene University is a private, liberal arts institution, supported by the Church of the Nazarene, an evangelical, Protestant denomination. The University seeks in all of its programs, to combine Christian values with excellence in scholarship.

Point Loma Nazarene University welcomes and encourages only those applicants who can and will, by their personal attitudes and exemplary moral conduct, make a positive contribution to the spiritual and scholarly values for which the University exists. The use of tobacco, alcoholic beverages, and profanity is forbidden on and around campus and is discouraged elsewhere. Signing below signifies that you are in accordance with these aims.

J. Notice of Nondiscrimination

In accordance with Title VI of the Civil Rights Act of 1964, Point Loma Nazarene University does not discriminate on the basis of race, color, age, or national origin. Furthermore, as required by Title IX of the 1972 Education Amendments, Point Loma Nazarene University does not discriminate on the basis of sex in its educational programs, activities, or employment policies. Point Loma Nazarene University also provides equal opportunity for qualified handicapped persons in compliance with the requirements of Section 504 of the Rehabilitation Act of 1973, and the American Disabilities Act of 1990. The Associate Dean of Students/Academic Advising provides advice and support to students with disabilities. Inquiries and appeals regarding compliance with these federal requirements should be directed to the Vice President for Student Development, in care of the University.

K. Certification of Accuracy and Understanding

By signing below, I certify that the information on this application is true to the best of my knowledge. I have read all of the instructions and I understand refusal of admission or cancellation of registration will result from misrepresentation in any portion of this application form. I further understand that any submitted records and documents may not be photocopied and are nonreturnable. By signing I also agree to comply with Point Loma Nazarene University standards, as stated above.

Applicants Signature _____ Date _____