



FOR OFFICE USE ONLY:  ESCF  ESCFSDA  ESSPEV  ESVCC  ESVC  ESVHS

**Personal Information**

LAST NAME *please print clearly* FIRST NAME MIDDLE NAME SUFFIX (JR., III)

PREFERRED NAME PREVIOUS LAST NAME(S)

DATE OF BIRTH (MM/DD/YYYY) GENDER (M/F) RELIGIOUS AFFILIATION

EMAIL ADDRESS

US Social Security Number [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ][ ]

Are you a US Veteran?  Yes  No

**Contact Information**

HOME STREET ADDRESS

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

HOME PHONE CELL PHONE

TEMPORARY STREET ADDRESS (IF APPLICABLE) CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Housing plans while at Southwestern:  Residence Hall  Off-Campus Housing (*if over 22*)  Living with parents

**Demographic Information**

Citizenship:  US Citizen  
 US Permanent Resident—Permanent Resident Registration Number: A \_\_\_\_\_  
 Other Country: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Native Language: \_\_\_\_\_

Your response is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws. (*US Students only*)

Ethnicity:  Hispanic  Non-Hispanic  
Race:  White  Black  American Indian  Native Hawaiian  Asian

**Enrollment Information**

Applying for:  Fall  Spring  Summer Year: \_\_\_\_\_

Applying as:  First time in any college  Returning to Southwestern  Transfer  Transfer Freshman

Intended Field of Study: \_\_\_\_\_  Deciding

Type of Degree:  Associate (2 year)  Bachelor (4 year)  ESL

**BE SURE TO COMPLETE THE BACK PAGE**

**Academic Information**

HIGH SCHOOL ATTENDED \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

Alternative Secondary Completion Certificates:

- GED                       GCSE                       CXC                       Other: \_\_\_\_\_
- GCE                         WAEC                       KSCE                       Homeschool

Year of High School Graduation: \_\_\_\_\_ Secondary Certificate completion date: \_\_\_\_\_

Have you taken the ACT or SAT?  Yes  No    If International Student, have you taken the TOEFL?  Yes  No

Please have an official transcript sent to the Admissions Office at Southwestern Adventist University. International transcripts must have an official translation and an official evaluation from a recognized evaluation service. Southwestern recommends [www.wes.org](http://www.wes.org) for evaluations.

**Please List any Prior College or University Attended**

SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ DEGREE \_\_\_\_\_ DATES OF ATTENDANCE \_\_\_\_\_

SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ DEGREE \_\_\_\_\_ DATES OF ATTENDANCE \_\_\_\_\_

SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ DEGREE \_\_\_\_\_ DATES OF ATTENDANCE \_\_\_\_\_

SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ DEGREE \_\_\_\_\_ DATES OF ATTENDANCE \_\_\_\_\_

**Campus Security**

Have you ever been convicted or plead guilty or no contest with regard to any criminal or military offense, excluding minor traffic violations?  No  Yes

Have you ever been academically dismissed from, declared ineligible to attend, or incurred disciplinary action at any previous institution?  No  Yes

**DISCLAIMER: Federal law (Campus Security Act) requires that you submit a letter of explanation with your application if you answered yes to either of these questions.**

**Student Life Agreement**

I understand that Southwestern Adventist University is a distinctively Christian school. If accepted, I agree to abide by its principles and values, which include a lifestyle of moral responsibility, respect for the property and rights of others, and abstinence from alcohol, tobacco and drugs.



SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Mail your completed application, \$25.00 application fee to:  
Office of Admissions, Southwestern Adventist University, PO Box 567, Keene, Texas 76059

[www.swau.edu](http://www.swau.edu)  
[enroll@swau.edu](mailto:enroll@swau.edu)  
TOLL-FREE (800) 433-2240  
PHONE (817) 202-6794  
FAX (817) 202-6753