

First name	Middle name	Last name	Maiden/other name
U.S. social security number/co	ountry of citizenship Date of birth	Gender ■ Male	*See equal opportunity commitment slatement on reverse side Female
		Are voi	 u of Ḥiṣpanic/
Place of birth: City, State, Co	untry	Latino ■ Yes	origin?
Mailing address		of the f	i identify as one or more following? (Check all that apply.) can Indian/Alaskan Native
City, State/Province, ZIP, Country		■ Mexico	or African-American ın/Mexican-American Hawaiian or other Pacific Islander Bican
Email address		■ White	
			ous affiliation h-day Adventist
Cell phone	Other phone		ian, non-Seventh-day Adventist
Ž.	nated messages (voice or text) on your cell phone? tre reminder messages for important deadlines.)		
	$\square$ YES $\square$ NO		

Intended date of admission:	Indicate the program you are applying for:			
TERM: ■ Summer ■ Fall YEAR: 20	Biology	Education	Social Work	
Planned attendance:	☐ Master of Science	☐ Master of Initial Teaching Indicate specialization: ☐ Elementary Instruction with Certification ☐ Secondary Instruction	Enrollment for fall quarter only.  Master of Social Work Indicate track:  Regular standing (6 quarters)	
■ Full-time ■ Part-time	Cinema, Religion, and Worldview	with Certification  ☐ Master of Education	Advanced standing (4 quarters) (Must have accredited BSW degree and meet other qualifications)	
How did you learn about this graduate program?	WORLAVIEW  Enrollment for summer quarter only.	Enrollment for summer quarter only. Indicate specialization:	☐ Master of Arts in Teaching Indicate specialization: ☐ Curriculum and Instruction	Indicate campus:  ☐ College Place, Wash.
■ Work ■ School ■ Alumni ■ Graduate fair ■ Other	☐ Master of Arts	□ Educational Leadership □ Literacy Instruction □ Special Education	□ Missoula, Mont. □ Billings, Mont.	

## Character information

Have you ever been convicted of a criminal offense?

If yes, attach a copy of the criminal complaint specifying the allegations of the indictment and your explanation. Nondisclosure may act to invalidate application/enrollment.

$\square$ No	☐ Yes, Date	$\square$ Felony	$\square$ Misd	emeanor
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#### Academic information

List all colleges and universities where a degree was earned and post-baccalaureate graduate classes (500-level courses and above) and where they were taken if a degree was not completed.

Name of college/university (most recent first)	Dates attended (mo/yr - mo/yr)	Majors/minors	Degrees
	to		
	to		
	to		
Have you ever been on academic probation, su	ispended, or dismissed	? $\square$ Yes $\square$ No (If yes, attach	an explanation.)

## Employment information

List positions you have held for longer than six months, with names of firms or institutions and dates. If teaching positions, give levels taught, rank, and subjects taught. Use an additional sheet if necessary.

		Date
List any voluntary (unpaid) positions held.		
Organization	Position	Date

# Signature

Walla Walla University welcomes persons from all backgrounds who respect a Christian way of life and apply mature judgment to their academic, spiritual, and social lives. Walla Walla University is committed to quality Christian education and is affiliated with the Seventh-day Adventist Church. Students, faculty, and staff share in the mutual obligation to uphold the Christian philosophy and policies of the university. A description of student life on our campus can be found in the Student Handbook, available online at wallawalla.edu.

I agree to abide by the policies and expectations of Walla Walla University as stated in the Student Handbook and other publications, and as amended by university administration. I understand Walla University may use my likeness and image for print, broadcast, or online purposes, and I understand that all images/media are the property of the university and its designated representatives. I certify that the information provided is complete and accurate and that any omission or misrepresentation may result in denial to the program, loss of credits, and/or dismissal from Walla Walla University. My signature below confirms that I have read and fully understood these terms and conditions.

		U.S. \$50 fee enclosed
Applicant signature	Date	This fee can be paid online at wallawalla.edu/pay

#### Please return to:

Office of Graduate Studies Walla Walla University | 204 S. College Ave. | College Place, WA 99324

 $(800)\ 541-8900 \ \boldsymbol{\cdot}\ (509)\ 527-2421 \ \boldsymbol{\cdot}\ (509)\ 527-2237 \ \boldsymbol{\cdot}\ grad.studies@wallawalla.edu \ \boldsymbol{\cdot}\ wallawalla.edu/gradstudies}$