

## APPLICATION FOR ADMISSION

Please indicate the program you are applying to :

- BA in Multidisciplinary Social Sciences with Certificate in Human Services (Practicum Track)**
- BA in Multidisciplinary Social Sciences – Non-Practicum Track**
  
- BA in Psychology with Certificate in Human Services (Practicum Track)**
- BA in Psychology with Certificate in Human Services – Non-Practicum Track**
  
- BA in Leadership – Practicum Track**
- BA in Leadership – Non-Practicum Track**
  
- Certificate in Project Management**

The following must be submitted in addition to this application form:

- **One (1) completed Academic and/or Employment Reference Form**
- **One (1) completed Personal Reference Form**
- **Official Transcript(s) for all colleges and universities attended**

**Note:** Students are admitted on a rolling basis and may apply any time throughout the calendar year.

### i. personal information

Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birth Last name \_\_\_\_\_ Other Former Last name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell. \_\_\_\_\_

Email Address: \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth: (day/month/year) \_\_\_\_\_

Gender  
 Female  
 Male

Citizenship  
 U.S.  
 Permanent U.S. resident  
 Other \_\_\_\_\_  
 Visa (Type) \_\_\_\_\_

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## ii. educational history

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### High School

Name \_\_\_\_\_ Location \_\_\_\_\_

Graduation Year \_\_\_\_\_ or, GED completion date \_\_\_\_\_

### Colleges/Universities

List all colleges or universities previously attended. Include degree earned and dates.

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Have you previously applied to Trinity Western University?

- Yes  
 No

Have you previously attended Trinity Western University?

- Yes  
 No

**Requirements:** Transcript(s) from all post-secondary institutions (other than TWU) must be submitted.

## iii. military experience

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Are you eligible to receive veterans' educational benefits? (Please provide Certificate of Eligibility to be certified for VA benefits)

- Yes  
 No

## iv. community expectations

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Trinity Western University-Bellingham is a community where all members should be free to pursue honest academic inquiry and to explore issues of faith, life and citizenship in an affirming and respectful environment. Therefore, it is imperative that all members treat fellow members and guests with dignity and regard in the manner they themselves prefer to be treated. While students are not required to adhere to any specific religious faith or tradition, it is expected that each member will respect other students' religious perspectives and, in particular, the Christian identity of Trinity Western University.

By accepting an offer to attend the Trinity Western University-Bellingham, it is required that each individual adhere to the community standards while on campus. These responsibilities include refraining from a) smoking on campus, b) use of alcoholic beverages and/or illegal drugs while on campus, c) engaging in immoral behavior as defined in the Responsibilities of Membership (a copy of *Trinity Western University's Responsibilities of Membership* can be found a [www.twu.ca/studenthandbook/policies.aspx](http://www.twu.ca/studenthandbook/policies.aspx)).

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As in any post secondary educational institution, all students are expected to abide by the academic and community standards of the institution.

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**vi. signature**

By my signature, I confirm that all information supplied in this application is true and correct to the best of my knowledge. I also affirm that I have read and will agree to the community expectations (noted above), and will comply with them while enrolled in this program.

X

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Mail application to the following address:

**Trinity Western University--Bellingham**  
**143 W. Kellogg Rd.**  
**Bellingham, WA. 98226**

For questions and/or further information, contact us at:

**Tel. 360.527.0222**

[info@twubellingham.com](mailto:info@twubellingham.com)

*Trinity Western University-Bellingham* does not discriminate on the basis of race, creed, color, nationality, gender, marital status, age, or disability.

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## Conditions of Admission at TWU

*Admission to TWU is subject to the following pre-specified conditions that are universally applied to all applicants. TWU reserves the right to select students on the basis of academic performance and personal qualifications. TWU does not discriminate on the basis of race, gender, national or ethnic origin.*

### 1. Community Covenant Agreement

In August 2009, Trinity Western University adopted a new Community Covenant that applies to all students, faculty, staff and affiliates, replacing TWU's longstanding Responsibilities of Membership Agreement. All students are expected to read and understand the Community Covenant and must agree to abide by the terms of the covenant while students at the University.

*View the entire Community Covenant Agreement [here](#).*

If you have questions related to the Community Covenant or this requirement you may direct them to [CommunityInCovenant@twu.ca](mailto:CommunityInCovenant@twu.ca).

### 2. Limitations to Privacy

Notwithstanding the provisions of the Freedom of Information and Protection of Privacy Act of British Columbia and any related relevant privacy legislation, you must agree to allow the University to contact relevant parties (guardian/spouse/specified emergency contact) in cases of emergency or perceived necessity.

### 3. Retention and Use of Personal Documentation

Items submitted to TWU become property of Trinity Western University and will not be returned under any circumstances. Your acceptance of this agreement voluntarily waives any right or privilege to inspect or challenge the content expressed in the personal character references. It is also agreed that all information provided will remain confidential between the referees and Trinity Western University.

### Legal Confirmation

*By selecting 'I Agree' below, I do hereby understand and agree to the above 3 conditions of admission to TWU and certify that the information given in this application is complete and true in every respect. By selecting 'I Agree' below, I also understand and agree to these 3 conditions for continuous registration in courses at TWU. Should I stop out for a period of time, I understand that I will have to complete this form and agree to these 3 conditions of admission again at the time of re-admission to TWU.*

**Please provide your signature:**

I Agree: \_\_\_\_\_ or I do not Agree: \_\_\_\_\_

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## Contractual Statement

I have met with a representative of TWU-Bellingham who has discussed all terms and provisions of the enrollment contract with me, the student, prior to my execution of enrollment. I understand and agree that when my application and registration is accepted for the Accelerated Adult Degree completion program, I have obligated myself to pay for the courses and all other charges related to this program. I understand that I may be charged a late payment fee, on any outstanding balance, after the second class of each course in the module. I understand that all documents pertaining to my application, registration, including, but not limited to, transcripts, grades, confirmation of registrations, and degree parchments, will not be released if I have any outstanding indebtedness to Trinity Western University-Bellingham.

If I decide to change my registration, either by dropping courses or altering course selection from the AADC module requirements and my Learning Plan, I will use the Change of Registration form (Add/Drop), and obtain all the appropriate signatures. The advisor signature does not imply that the advisor takes responsibility for my course registration. I also understand that the date I officially submit my completed Change of Registration form to the Administration Office of Trinity Western University-Bellingham, will determine the amount of refund, if any, I will receive.

I understand that if I withdraw from a course after the second week, I will receive a grade of "W" (Withdraw) on my official record and transcript. If I withdraw from a course after the third week, I will receive a grade of WP (Withdraw Pass) or WF (Withdraw Fail) on my official record and transcript. If I withdraw from a course after the fourth week, I understand that I will receive and "F" on my official record and transcript. I also understand that the date I officially submit my Withdrawal Form to the Administration Office of Trinity Western University-Bellingham, will determine the amount of refund, if any, I will receive.

I will take the responsibility to understand Trinity Western University-Bellingham's academic and graduation requirements as they apply to me. I also assume responsibility for the courses as outlined in the AADC program, including my personal Learning Plan, which I am responsible for keeping up to date with my Bellingham advisor.

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Student Signature

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Date

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## PERSONAL REFERENCE FORM

**Applicant** (Please complete this section before giving to your Personal Referee to complete)

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Last Name \_\_\_\_\_ Given Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 provides you with the choice of collecting open recommendations or waiving the right of access and collecting confidential recommendations.

- I hereby waive any claim to access the Personal Reference Forms written on behalf of my application.
  
- I do not wish to waive claim to access the Personal Reference Forms written on behalf of my application.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

### Referee

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The student named above has applied to TWU-Bellingham. Your recommendation is a vital part of the student's application process and your candid response is essential.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_ Organization \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant, and what is the nature of your relationship?

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Please describe the applicant by marking the appropriate column for each attribute.

<b>Assessment</b>	<u>Excellent</u>	<u>Above Average</u>	<u>Adequate</u>	<u>Poor</u>	<u>Unable to Judge</u>
Character/integrity					
Critical thinking skills					
Intellectual curiosity					
Proficiency in oral communication					
Proficiency in written communication					
Self-discipline					
Motivation					
Time-management skills					
Ability to handle stressful situations					
Energy level					
Technology/computer skills					
Completes assignments/projects in a timely manner					
Contributes collaboratively in a team setting					

- Highly Recommend
- Recommend
- Recommend with Reservation
- Do not Recommend

Additional remarks or issues of note:

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank-you for completing this recommendation; once completed, please return to:  
**Trinity Western University-Bellingham**  
**143 W. Kellogg Rd.**  
**Bellingham, WA. 98226**

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## ACADEMIC/EMPLOYMENT REFERENCE FORM

**Applicant** (Please complete this section before giving to your Personal Referee to complete)

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 provides you with the choice of collecting open recommendations or waiving the right of access and collecting confidential recommendations.

- I hereby waive any claim to access the Personal Reference Forms written on behalf of my application.
- I do not wish to waive claim to access the Personal Reference Forms written on behalf of my application.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

### Referee

The student named above has applied to TWU-Bellingham. Your recommendation is a vital part of the student's application process and your candid response is essential.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_ Organization \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant, and what is the nature of your relationship?  
\_\_\_\_\_

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Please describe the applicant by marking the appropriate column for each attribute.

Assessment	Excellent	Above Average	Adequate	Poor	Unable to Judge
Character/integrity					
Critical thinking skills					
Intellectual curiosity					
Proficiency in oral communication					
Proficiency in written communication					
Self-discipline					
Motivation					
Time-management skills					
Ability to handle stressful situations					
Energy level					
Technology/computer skills					
Completes assignments/projects in a timely manner					
Contributes collaboratively in a team setting					

- Highly Recommend
- Recommend
- Recommend with Reservation
- Do not Recommend

Additional remarks or issues of note:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank-you for completing this recommendation; once completed, please return to:

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## REQUEST FOR OFFICIAL TRANSCRIPT

TWU Applicant: An official transcript from all post-secondary institutions you've attended must be submitted to Trinity Western University-Bellingham directly from the respective institution Registrar's Office(s). Send this completed form to the Registrar/Records Department for each institution you have attended along with their required transcript fee.

Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_

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**Please send one (1) official copy of my transcript to:**

Trinity Western University-Bellingham  
143 W. Kellogg Rd.  
Bellingham, WA. 98226

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### Student Information

Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_ Former Surname(s) \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Dates Attended \_\_\_\_\_

Transcript Fee Enclosed: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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