



GEORGETOWN WESLEYAN UNIVERSITY OF THE AMERICAS

## Georgetown Wesleyan University of the Americas

### APPLICATION FOR ADMISSION

Please type or print neatly and answer all questions. This form should be mailed to the following address along with a \$50 application fee: GWUA Administrative Office; 2595 Tampa Rd. Ste N. Palm Harbor, FL 34684

#### PERSONAL INFORMATION:

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

Present Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

E Mail Address \_\_\_\_\_ Date \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced

**PROGRAM INFORMATION.** See catalog or website for degrees and focused studies within each degree program.

Degree Desired:

- |                                    |  |
|------------------------------------|--|
| _____ Master of Biblical Studies   | _____ Master of Christian Counseling and Psychology ** |
| _____ Master of Christian Ministry | _____ Other  |
| _____ Master of Theology           | _____ Doctoral Program                                 |

Intended Major Focus of Study: \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

Please include information concerning all post-secondary education and have schools mail transcripts directly to GWUA.

Name of Institution and Location	Years Attended	Degree Earned	Major

Have you ever been placed on academic probation, suspended or expelled by an institution? \_\_\_\_\_  
If yes, please give school name, date and reason:

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**EMPLOYMENT INFORMATION:**

List types of work or responsibilities for the last ten years, beginning with your present or most recent position.

Employer	Dates	Position/Responsibilities

**Church Affiliation**

Church Name \_\_\_\_\_

Denomination \_\_\_\_\_

Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_

## References

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Who/what most influenced your decision to apply? Please be specific.

\_\_\_\_\_  
\_\_\_\_\_

Have you been promised a scholarship or discount? If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_\_\_ If yes, please attach an explanation.

How did you hear of GWUA? \_\_\_\_\_

Attach a photocopy of your driver's license.

Attach two recent photographs of yourself (wallet-size, full-face view).

Include a check, made payable to Georgetown Wesleyan University, for the application fee of \$50 (USD).

As a religious school, GWUA is not currently accredited by any regional accrediting institution recognized by the US Department of Education. No guarantee is implied or promised for transfer of credit to any government agencies or accredited schools. Normally, the receiving institutions or agencies determine which courses they will accept on a case-by-case basis.

I certify that my answers to all questions on this application are complete and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please mail to: GWUA Administrative Office; c/o 38924 C Ave.; Zephyrhills, FL 33542 USA  
Or FAX to: 813-783-3119



GEORGETOWN WESLEYAN UNIVERSITY OF THE AMERICAS

## Georgetown Wesleyan University of the Americas

### REFERENCE FORM

#### To the Applicant:

Print two copies of this form. Fill out the personal information in the table directly below and give this reference form to a church leader, supervisor, teacher or former employer who knows you well. This person should complete the form and return to the Admissions Office.

#### To the Person Filling Out the Form:

The undersigned student is requesting your recommendation for acceptance at Georgetown Wesleyan University of the Americas (GWUA). Any information you include on this form will be kept strictly confidential. Please mail this form directly to: GWUA Headquarters; c/o 38924 C Ave.; Zephyrhills, FL 33542 USA. For more information about GWUA, feel free to browse our website at [www.gwua.net](http://www.gwua.net).

*Please Print*

Applicant's Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

*Everything beyond this point is to be filled out by your reference and is confidential.*

Name: \_\_\_\_\_ Date \_\_\_\_\_

Title/Position: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_  
\_\_\_\_\_

1. Rate the applicant in each of the indicated areas.

