



APPLICATION FOR ADMISSION Undergraduate Programs

Application Procedure

These materials need to be sent **from you** directly to PIU:

- | | |
|--|--|
| <input type="checkbox"/> Completed Application for Admission | <input type="checkbox"/> Completed Admissions Survey |
| <input type="checkbox"/> Completed Personal Testimony Form | <input type="checkbox"/> \$40.00 Application fee |
| <input type="checkbox"/> Signed Standards of Behavior Form | <input type="checkbox"/> Copy of your passport OR birth certificate and picture |

Send materials to:

Admissions
Pacific Islands University
172 Kinney's Road
Mangilao, Guam 96913

Arrange for the following **to be sent** directly to PIU:

(Provide each form with a stamped and addressed business-sized envelope to the person/office completing the document. Make sure you use the correct postage.)

REQUIRED DOCUMENT	DATE WHEN IT WAS REQUESTED
<input type="checkbox"/> Transcripts from your High School and any college you attended.	
<input type="checkbox"/> Health Report from your doctor.	
<input type="checkbox"/> Pastoral Reference from your pastor or church youth group leader.	
<input type="checkbox"/> Professional Reference from your school (teacher, principal, counselor, or other administrator) or from your current employer/supervisor	
<input type="checkbox"/> Official report of any college entrance exam (ACT, SAT, TOEFL, etc.).	

**For questions please contact PIU at 671-734-1812 or by e-mail at
admissions@piu.edu.**

INSTITUTION	YEARS ATTENDED (ex. 2007-2009)	NO. OF CREDITS EARNED OR COURSES TAKEN	GRADUATED?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

(Please list additional institutions on a separate sheet.)

I have outstanding obligation (financial or other) at one of my previous institutions: YES NO

If yes, indicate which institution and explain the nature of the obligations.

COMMUNITY ACTIVITIES

Name and Location
of Your Church:

Church Name

City/Island

Phone

List important school, community, and church activities (ex. music, athletics, ministry, work, etc.) in which you have Participated. Include any positions held or awards received. Attach a separate sheet for more activities, if necessary.

ACTIVITY	POSITION HELD/AWARDS RECEIVED	LENGTH OF PARTICIPATION

RESIDENTIAL PLANS

Where do you expect to live while studying at PIU?

- I will live at home and/or with relatives and commute to PIU.
 I need a room in the dorm.

How do you plan to pay PIU expenses?

- Self support Family support Church support other:

(Please explain) _____

I certify that the information provided was completed to the best of my knowledge. Providing intentionally misleading information will be grounds for denying admission. Disciplinary action, up to dismissal, will be taken if the misleading information is discovered after the student is admitted.

SIGNATURE: _____ DATE _____

Pacific Islands University maintains a policy of non-discrimination on the basis of race, color, national origin, sex, or age as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, and Age Discrimination Act of 1975. (Approved by PIBC Board of Trustees, April 6, 1992.)

Application Survey

Please check the box(s) that most accurately answers the following questions.

1. How did you find out (learn about) PIU? (check all that apply)

- Alumni Friend Pastor Relative Internet Advertisements High School Guidance Counselor
 College Information Fair

Other _____

2. Why did you decided to apply to Pacific Islands University?

- PIU is a Christian university
 PIU offers the degree I am interested in Parents want me to come to PIU
 My friends were coming to PIU It is an affordable school
 Relatives have come/are currently at PIU The location of the school
 Other: _____

3. Explain how you plan on managing your study-time and ministry or extra-curricular activities?

4. What are your professional goals after completing your education at PIU?

- Pursue another degree at PIU
If so, what degree would you like to pursue _____
- Pursue another degree at another university
If so, what degree would you like to pursue _____
- Return to my home island to work as: _____
- Stay on Guam and find employment as: _____
- Receive training for missionary service
- Other _____

Personal Testimony

Please attach a recent picture of yourself or send one as soon as possible.

Limit your responses to this sheet. If you want to write more, continue on a separate sheet.

1. How did you come to a personal relationship and allegiance to Christ?

2. Explain in your own words the Scriptural basis for your salvation and hope of eternal life (give references if you wish).

3. Why do all people need Christ today?

STANDARDS OF BEHAVIOR FOR PIU STUDENTS

Personal spiritual growth is a basic purpose of PIU. The faith, attitudes and behavior of all members of the PIU family need to grow more like Christ inside and outside the classroom. This means that each individual at PIU must agree to accept the Word of God as authority and humbly submit in heart, mind and life to our Master, Jesus Christ.

In addition, it is important to learn to live in a community. God calls staff and students from different cultural and church backgrounds. This complicates daily life on PIU campus, for Christians are not in agreement about some aspects of Christian life. The Board of PIU has carefully considered cultural and ecclesiastical concerns and agreed upon some standards of behavior for PIU students and staff members. For the sake of maintaining a healthy campus community, PIU specifically prohibits the possession and use of tobacco, illegal drugs, alcohol, and betel nut on school property or at school sponsored activities. Furthermore, PIU expects students to live lives that are consistent with biblical principles. We understand drunkenness, sexual immorality, gossip, slander, profanity, ethnic or cultural discrimination, dishonesty, stealing, plagiarism, etc. to be inconsistent with biblical living. We expect all PIU students to be active participants in the life of a local church and to strive for academic excellence. PIU will attempt to deal with these issues firmly and redemptively. These and other important standards are described further in the Student Handbook and must be followed by each student.

When necessary, there is a policy for rebuke and discipline, also described in the Student Handbook. Any discipline will be based on scriptural principles with the purpose of correcting the quality of our relationships with Christ and with one another. The key to all of this is Christian love, which compels us to submit to God and to one another.

I agree to submit to PIU rules, standards and authorities as long as I am enrolled by the University.

Signature

Print Name

Date



Health Report

To the Applicant: PIU requires that each student submit a medical history. Student's health records are for the use of the school, and will not be released or disclosed to anyone without the student's knowledge or permission. This information is treated confidentially and does not become part of your academic records.

I. To be completed by Applicant:

Name of Applicant: _____
Last First Middle

Date of Birth: _____ Male Female

In Case of Emergency Notify: _____
Name Phone

Address

PERSONAL HISTORY

Please indicate YES or NO in all questions. Make appropriate comments in the space provided below or on a separate sheet of paper.

Have you had...?	YES	NO	Have you EVER had...?	YES	NO	Do you FREQUENTLY have...?	YES	NO
Scarlet fever			Pain in the chest			Insomnia (can't sleep)		
Rheumatic fever			Shortness of breath			Anxiety, Worry		
Measles			Asthma			Depression		
German Measles			Hay Fever			Nervousness		
Mumps			Allergy			Stomach Trouble		
Chicken Pox			Tuberculosis			Diarrhea		
Malaria			Tumor or Cancer			Dizziness, Faintness		
Venereal Disease						Palpitation		
Recent Weight Gain/Loss						Headaches		
Any Surgery						Colds, Sore Throat		
Any illness or injury or been hospitalized other than already noted? (Give details)			Treatment for a nervous condition or mental condition or mental/emotional problem? (Give details)			Has your physical activity been restricted?		

NOTE: Information regarding handicaps, voluntarily given or inadvertently received, will not adversely affect any admissions decision.

Details: _____



II. To be completed by Medical Provider

Height _____ Weight _____ Blood Pressure _____

Vision: Right Eye _____ Left Eye _____

Hearing: Right Ear _____ Left Ear _____

Is the Applicant currently on any medication? Yes No

If yes, please list medications and reasons _____

In your judgment, is the applicant physically and mentally fit for intensive, continuous study on a college level and to participate in a Physical Education program? Yes No

If no, please explain _____

Pacific Islands University requires all newly entering students to be immunized against MEASLES and RUBELLA (GERMAN MEASLES). This medical requirement will be strictly monitored and enforced due to the increasing occurrence of measles in adults throughout the Pacific and the United States. It is recommended that these immunizations be administered before coming on campus. We also require up-to-date DPT and Polio immunization

IMMUNIZATIONS

Please insert date of last immunization:

	#1	#2	#3	#4	#5
A. MMR					
B. Polio					
C. DPT					
D. Hep. B (Optional)					

PPD Date Given: _____ Date Read: _____ Results: (mm) _____

If PPD Test is positive, please see attached Form!

★ Student must show valid documentation of tuberculin skin test result conducted within six months prior to entry into PIU.

Comments:

Signature of Provider Date

Name and Title (Print)

Address

III. TB Clearance (Only needed if PPD Test is positive)

Name of Applicant: _____
Last First Middle

Date of initial PPD skin test: _____ Result: _____

Date of latest PPD skin test: _____ Date read: _____ Result: _____

Date of Chest x-ray: _____ Date read: _____ Result: _____

Is Tuberculin (Mantoux) skin test positive? Yes No

A recent contact to an active TB person? Yes No

Is the person symptomatic? Yes No

Sputum smear _____ Sputum Culture _____

Chemoprophylaxis? None 6 months 9 months 12 months

▪ Types of drugs (Preventive Treatment) taken and dose: _____

▪ Date started Preventive Treatment: _____

▪ Date Preventive Treatment completed: _____

▪ On preventive treatment now? Yes No

Chest x-ray Suggestive of Tuberculosis? Yes No

Previous Diagnose of Tuberculosis? Yes No

Pulmonary Tuberculosis? Yes No

Extrapulmonary Tuberculosis? Yes No

On TB treatment for: 6 months 12 months D.O.T.? Yes No

Types and doses of TB drugs taken: _____

Date TB treatment completed: _____

Comments:

Signature of Provider Date

Name and Title (Print)

Address



Pastoral Reference

To the Applicant: Print your name and address on the two lines below and sign the waiver if you are willing to give up your right to see this form at some later date. Please provide for the person completing this reference a stamped envelope addressed to the registrar:
PIU Registrar – 172 Kinney’s Rd. – Mangilao, Guam 96913

Name of Applicant: _____
Last Name First Name Middle Name

I willingly waive my right of access to this recommendation knowing that this waiver is not a required condition for admission.

Signature: _____

To the Pastor: The above named person is applying for admission into PIU and is asking you to furnish a reference. PIU is a Christian institution with definite Christian goals and our desire is to admit those who will profit the most from their studies here. It is essential that you be frank, fair, and accurate in your remarks and estimates.

1. How long have you known the applicant? Less than one year 1-5yrs. All his/her life

2. Is it your belief that the applicant knows Christ as personal Savior and Lord? _____

3. Does the applicant try to obey Christ in his/her life?

Comment: _____

4. Do you feel the applicant has leadership ability? Please describe briefly. _____

5. Does the applicant work well with others and submit to authority _____

6. Does the applicant seem to have a desire to spread the Gospel in personal evangelism?

Yes No I don’t know.

7. Do you consider the applicant to be concerned about his/her devotional and prayer life?

Yes No I don’t know.

8. Please comment on the applicant's

A. ability to take directions.

B. ability to make decisions and carry through the plans.

9. How effective is he/she in

A. private conversation? _____

B. public speaking? _____

10. In what areas has he/she demonstrated an effective ministry? _____

11. Personality: Check any of the following words that describe the applicant. Please insert additional adjectives if you wish.

- | | | | |
|--|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Sensible | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Average | <input type="checkbox"/> Shy | <input type="checkbox"/> A follower | <input type="checkbox"/> A servant |
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Patient | <input type="checkbox"/> A leader | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Outspoken | <input type="checkbox"/> Unimaginative | <input type="checkbox"/> Lazy | <input type="checkbox"/> An organizer |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Insecure | <input type="checkbox"/> Imaginative | <input type="checkbox"/> Sheltered |
| <input type="checkbox"/> Self-centered | <input type="checkbox"/> Nervous | <input type="checkbox"/> Resourceful | <input type="checkbox"/> Intense |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Persistent | <input type="checkbox"/> Respectful | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Opinionated | <input type="checkbox"/> Loyal | <input type="checkbox"/> Moody | <input type="checkbox"/> High-strung |

12. Further comments that you may have regarding the applicant: _____

13. I recommend I do not recommend

I recommend with the following reservations: _____

Name (please print): _____ Position: _____

Address: _____
Street/P.O. Box City/Island State Zip Code Phone

Signature: _____

Church Name: _____

Address: _____
Street/P.O. Box City/Island State Zip Code Phone



Educational or Professional Reference

School Employer (Check one)

To the Applicant: Print your name and address on the lines provided below and sign the waiver if you are willing to give up your right to see this form at some later date. Give this form to your high school counselor, principal or another school administrator or an employer who is qualified to give a reference for you. If you are a transfer student, submit this form to a teacher or administrator in your college who knows you. If you have been out of school for at least one year and have been working, submit this form to your employer. You should provide your reference with a stamped envelope addressed to PIU's registrar at the following address: PIU Registrar – 172 Kinney's Rd. – Mangilao, Guam 96913

Name of Applicant: _____
Last Name First Name Middle Name

Address: _____
Street/P.O. Box City/Island Zip Code

I willingly waive my right of access to this recommendation knowing that this waiver is NOT required as condition for admission.

Signature: _____

To the Professional:

1. How long have you known the applicant and what is your relationship to him or her?

Less than 1yr. 1 –5 yrs. 5 – 10 yrs. All his/ her life

2. What is your opinion regarding the aptitude of the applicant for further academic work?

negative hesitant moderate strong highly enthusiastic no knowledge

3. What is your opinion of the applicant's level of social readiness for college?

negative hesitant moderate strong highly enthusiastic no knowledge

4. Do you feel the applicant has leadership ability? Please describe briefly. _____

5. What is the applicant's relationship with his or her friends? Applicant is:

sought out admired but not sought out tolerated avoided rejected

6. Would you be happy to have this person continue in or return to your organization?

Yes No

7. Is this applicant prompt for work or appointments? _____

8. Personality: Check any of the following words that describe the applicant. Please insert additional adjectives if you wish.

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Patient | <input type="checkbox"/> Insecure | <input type="checkbox"/> Self-conscious |
| <input type="checkbox"/> Average | <input type="checkbox"/> Unimaginative | <input type="checkbox"/> Nervous | <input type="checkbox"/> Intense |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Persistent | <input type="checkbox"/> Loyal | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Sensible | <input type="checkbox"/> A follower | <input type="checkbox"/> Sheltered |
| <input type="checkbox"/> Outspoken | <input type="checkbox"/> A leader | <input type="checkbox"/> Lazy | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Resourceful | <input type="checkbox"/> Imaginative | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Self-centered | <input type="checkbox"/> Moody | <input type="checkbox"/> Respectful | <input type="checkbox"/> High-strung |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Responsible | <input type="checkbox"/> A servant | <input type="checkbox"/> An organizer |
| <input type="checkbox"/> Opinionated | | | |

9. How successful has the applicant been in school or work? _____

10. Describe the applicant's health and physical vitality. _____

11. Will the applicant be able to work well with others and submit to authority? _____

12. List further comments you may have regarding the applicant. _____

I recommend I do not recommend I recommend with the following reservation:

Printed Name: _____ Position: _____

Address: _____
Street/P.O. Box City/Island State Zip Code Phone

Signature: _____ Date: _____



Transcript Request Form*

Date: _____

To The Registrar of: _____
Name of School

Address: _____
Street/P.O. Box

City

State

Zip Code

Please send a copy of my official transcript to the registrar of Pacific Islands University at the above address. If there is any charge for issuing my transcript, please let me know.

Name: _____
Last First Middle

Other name used: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Telephone: _____

E-mail Address: _____

Student Signature: _____

* To be used if school you are requesting a transcript from does NOT have their own form.