



Wayland Baptist University
Hawaii Campus
 99-080 Kauhale Street #D14
 Aiea, Hawaii 96701

Application for Admission

Fee Paid: Yes No Date: _____
 Paid by: Check # _____ Cash
 Credit Card M.O.
 TA # _____
 Advising Loc: _____ Advisor: _____

Plainview Amarillo SAFB
 San Antonio Hawaii Anchorage
 Lubbock Fairbanks Cannon AFB
 Phoenix Albuquerque Sierra Vista
 Altus
 PC ID# _____

First Term you plan to enroll: Fall _____ Winter _____ Spring _____ Summer _____ Academic Year _____ / _____
 APPLICANT Social Security Number _____ Birth Date _____ / _____ / _____
 Mo Day Yr

NOTE: Every blank must be filled (except optional information) or application will be returned for completion

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME / OTHER USED
NUMBER & STREET or BOX NUMBER	CITY	STATE	ZIP
COUNTY			
Home Phone Number (____)	Work Phone Number (____)	Emergency Phone Number (____)	
Emergency Contact NAME		ADDRESS	
CITY, STATE, ZIP			
E-Mail Address _____			
U.S. Citizen: Yes ___ No ___ If No, give A-Number A-_____ Visa Type _____ Resident State _____ Home Country _____			
Are you: <input type="checkbox"/> Civilian <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military Base: _____ Post: _____ Rank/Rate: _____			

OPTIONAL INFORMATION
 In conformance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972, any information requested regarding the applicant's race or ethnicity, gender, or marital status is voluntary, and will be used in a non-discriminatory manner, consistent with applicable civil rights laws.
 Gender: M ___ F ___ Race/Ethnic Group: American Indian or Alaskan Native Black-African American Multi - Racial
 Marital Status: M ___ S ___ D ___ W ___ Asian or Pacific Islander Caucasian, Anglo American Hispanic

ENROLLMENT PLANS Degree Seeking Non-Degree Seeking (Self Improvement)
 Non-Degree Transient--Attending University _____ WBU Transfer from _____ Campus
X Re-Entry If Re-Entry, Please List Last Semester / Year Attended _____ / _____ (re-entry is a WBU student inactive one year or more)
 BSOE BSIS (other than Texas) BCM AAS AAS & BSOE
 Major _____ Specialization _____ Minor _____ Undecided _____
 Are you considering a Christian Ministry related career? YES NO

SCHOOLS Last high school attended _____ Date of Graduation/GED _____
ATTENDED Have you ever attended Wayland? Yes No When? _____ Where? _____

Name	Colleges Attended			Last Date Enrolled	Hours Earned	Degree Earned	Eligible to Re-Enter?	
	City	State	Date Entered				Yes	No

Students should also list CCAF, AARTS, SMARTS, or CGI if they are in the armed forces. Complete the ALL the above including last date of attendance and eligibility to reenter. Failure to list all colleges and institutions attended is considered grounds for immediate suspension.

Have you ever been denied readmission, suspended, or placed on probation at this or any other institution? Yes No (if yes, please attach explanation.)

OPTIONAL DATA Religious Affiliation _____
 Wayland Baptist University admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the University. It does not discriminate on the basis of sex, race, color, national and ethnic origin, or handicap in administration of its educational policies, admissions policies, scholarships, grant or loan programs and athletic and other school administered programs.

Name of Church _____
 I affirm that the above information is accurate to the best of my knowledge. Further-more, I have read the statements concerning the Philosophy and Purpose, the Standards of Conduct, and Costs and Financial Aid as printed in the Wayland University catalog. I am in agreement with these statements and promise to abide by them if I am admitted to the University.

I understand that this document is my authorization for Wayland Baptist University to evaluate my personal history from any records or documents that I submit. I do not consider this evaluation to be an invasion of my privacy.

SIGNATURE OF APPLICANT _____

TODAY'S DATE _____