



**DR. LYNDA G. WASHINGTON UNIVERSITY**

**Leadership & Development**

**Application For Admissions**

**Please type or print in black ink**

**708-264-7713 or 708-359-2746**



Name \_\_\_\_\_

Last

First

Middle/Maiden

Social Security Number Last Four Digits \_\_\_XXX-XX\_\_ -

When do you wish to enroll at Dr. Lynda G. Washington University?  Fall  Spring Year \_\_\_\_\_

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

Street

City

State/Province

County

Zip Code

Day Telephone

Evening Telephone

Until when will you be at your present address? \_\_\_\_\_

Month

Year

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

Emergency Contact Name \_\_\_\_\_

Telephone

Relationship to you

Will you be a full time student? (9 hours or more per semester),  Yes  No

Country of Citizenship \_\_\_\_\_ If not a U.S. citizen, what is your visa type? \_\_\_\_\_

What is your first language? \_\_\_\_\_ If English is not your first language

List all schools attended since high school graduation in \_\_\_\_\_ (year)

College/Seminary/Graduate School Year	Location	Degree Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list additional information on a separate sheet.

Under Graduate Major \_\_\_\_\_ Graduate Major \_\_\_\_\_

Do you feel that your academic record provides an accurate index of your scholastic abilities?  Yes  No  
If not, please explain.

Have you ever been convicted, paid a fine or in any way admitted guilt for a criminal or dishonest act, other than a minor traffic violation?  Yes  No If yes, please attach a statement of the details.

List below, or briefly describe in an attached paragraph, your activity in local congregations, fellowships or Para-church organizations. Address any long periods of non-membership or inactivity in your descriptive essay.

<u>Name and Location of Church or Religious Body</u>	<u>Activities</u>	<u>Years of Involvement</u>	
		From:	To:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Denominational Affiliation (provide full, official name)

*For example: If you are Baptist, please specify American Baptist, Cooperative Fellowship, Free Will Baptist, Independent Baptist, Missionary Baptist or other.*

Church of Membership \_\_\_\_\_  
Name Location

State your vocational objectives \_\_\_\_\_

I certify that I have given full and complete information in this application and have listed each college and/or seminary I have attended. If admitted, I agree to abide by the standards of conducts as outlined in the current Dr. Lynda G. Washington University Statement of Faith.

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

Dr. Lynda G. Washington admits students of any race, color, sex, or national or ethnic origin to all the rights, privileges, and activities generally accorded or made available to all its students. In accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, DLWU does not discriminate on the basis of race, color, sex, disability, age, or national or ethnic origin in the administration of its education policies, admission policies, employment policies, scholarship programs, and athletic and other school-administered programs. Inquiries concerning compliance with these laws and the regulations thereunder should be directed to the Dean of Students.

This form, essays one and two, all 3 recommendations, portfolio and a nonrefundable \$80 application fee should be returned to: Office of Admission Dr. Lynda G. Washington University P.O. Box 614 Homewood, IL 60430

The optional information requested in this portion of the application for admission is voluntary and will not be used in a discriminatory manner.

Born \_\_\_/\_\_\_/\_\_\_  Male  Female Marital Status \_\_\_\_\_  
 African American  Asian  Caucasian  Hispanic Other \_\_\_\_\_