

# APPLICATION

## WILLIAM JESSUP UNIVERSITY

*Welcome to William Jessup University (WJU). As you complete this application, you are taking an exciting and positive step to fulfill your lifelong dream of completing your education. You will soon see how your experience and maturity work to your advantage, especially in a program that is designed for working adults just like you.*

*The Degree Completion Program (DCP) is a cohort-based program committed to not only integrate faith and learning, but to equip you to serve in your chosen profession as a believer and to discover God's plan for your life as you serve in your community.*

*Our faculty members are committed to facilitate your learning through personal contact and prayer for you. They come with a strong personal faith commitment, academic qualification, and professional experience. You and your cohort colleagues will have a powerful impact on each others' lives as you learn from and together with each other.*

*We look forward to working with you as your dream of completing your degree becomes a reality. Your life will be changed in this program.*

*Again, welcome to the Degree Completion Program of William Jessup University.*

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APPLICATION  
FOR ADMISSION  
TO THE DEGREE  
COMPLETION  
PROGRAM

— ROCKLIN, CA —  
■

OFFICE OF  
ADMISSION  
-DEGREE COMPLETION  
PROGRAM-

333 SUNSET BLVD.  
ROCKLIN, CA 95765  
(916) 577-2336  
(916) 577-2330 FAX

### APPLICATION CHECKLIST

- A non-refundable application fee of \$35 payable to William Jessup University
- William Jessup University Application for Admission (2 pages, signed)
- Personal Letter of Introduction (See page 5 of application "Essay Response")
- Personal Reference Form
- Official transcript(s) from all colleges previously attended (high school transcripts showing date of graduation are required for applicants who have less than 60 transferable semester units.)
- If under the age of 25 please include your resume showing at least 2 years of work experience
- Free Application for Federal Student Aid (FAFSA), if desiring financial aid
- Mail Application to campus you will attend
- Complete and lock the VFAO Form located on the [www.vfao.org](http://www.vfao.org) website

# PERSONAL INFORMATION

Legal Name \_\_\_\_\_  
LAST FIRST MIDDLE

Male  Female Preferred Name (if different) \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Mailing address \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cellular Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Birth Country: \_\_\_\_\_ Primary Language: \_\_\_\_\_

## CITIZENSHIP

US Citizen  Resident Alien  Entering on a Student Visa/I-20  
(see separate "I-20 Requirements" sheet)

Country of Citizenship (if not USA) \_\_\_\_\_

## ETHNIC ORIGIN

(Optional—if supplied, this information will be used for statistical information only.)

Asian or Pacific Islander  Black, Non-Hispanic  Hispanic  
 American Indian  White, Non-Hispanic  Other \_\_\_\_\_

## MARITAL STATUS

Single  Married  Separated  Divorced  Widowed

Plan to be married before entering college

Spouse's Name \_\_\_\_\_

Children's names and ages \_\_\_\_\_

\_\_\_\_\_

# CHURCH INFORMATION

Name of church you attend \_\_\_\_\_

Denomination \_\_\_\_\_

Pastor's name \_\_\_\_\_

Church address \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE

Phone \_\_\_\_\_

# FINANCIAL AID

How are you planning to finance your William Jessup education? (Indicate one or more)

- Personal funds     Family funds     Church support  
 Financial Aid (Grants, Loans, Scholarships)     Tuition reimbursement from employer

Do you want to be considered for financial assistance?     Yes     No

If "yes," have you completed the FAFSA (Free Application for Federal Student Aid?)     Yes     No

The FAFSA must be completed if you are seeking financial assistance. It is available at [www.FAFSA.ed.gov](http://www.FAFSA.ed.gov).

If "yes" have you completed the online VFAO (Virtual Financial Aid and Office Interview)?     Yes     No

The VFAO must be filled out and "locked" before you can be enrolled.

I am choosing to apply to WJU because:

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I heard about WJU from:

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# EDUCATIONAL BACKGROUND

Date of high school graduation \_\_\_\_\_  High School Diploma  G.E.D.  Proficiency Exam

High school of graduation \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE

Please list all colleges or universities you have attended (in chronological order). You are required to submit official transcripts from all colleges/universities you attended, regardless of the amount of credit received.

COLLEGES ATTENDED	DATES OF ATTENDANCE	DIPLOMA OR DEGREE	HOURS OF CREDIT
_____	__/__/__ to __/__/__	_____	_____
_____	__/__/__ to __/__/__	_____	_____
_____	__/__/__ to __/__/__	_____	_____
_____	__/__/__ to __/__/__	_____	_____
_____	__/__/__ to __/__/__	_____	_____

# PLANS UNIVERSITY

I plan to enter:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

**MAJORS**

- Counseling Psychology
- Management and Ethics
- Christian Leadership

**CAMPUS**

- Rocklin
- San Jose

# ESSAY

## RESPONSE

### PERSONAL LETTER OF INTRODUCTION

On a separate sheet of paper, please write a letter of introduction to William Jessup University about yourself. Please include comments regarding:

- Your goals
- Why you want to enroll at WJU
- A statement of your personal faith
- What benefits do you personally expect from attending a Christian university, particularly William Jessup?

# AGREEMENT

William Jessup University is a distinctively Christian university whose faculty, staff, and administration aim to provide students with a meaningful education through the integration of faith and learning. It is the ultimate goal of WJU to honor God and the teachings of Jesus Christ through every aspect of campus life. As such, students must agree with and honor the policies and regulations as stated in the DCP Student Handbook, and Catalog, including but not limited to the following:

1. Students are given opportunities to grow intellectually and spiritually through classes, chapel, and spiritual formation. Degree Completion Program Cohorts are spiritual learning communities and meet the spiritual formation group requirement for all Degree Completion students.
2. Unmarried cohabitation and/or any form of sexual misconduct is considered unacceptable behavior for students enrolled at WJU.
3. Students possessing, distributing, and/or using alcohol, narcotics, or other intoxicants on WJU premises or at university-sponsored activities will be subject to judicial action.
4. Smoking or chewing tobacco is not permissible while on campus.

The University reserves the right to confront behavior that is detrimental to the student, the community, the University, and/or others.

I understand completing this application does not mean acceptance. My signature below indicates that all the information contained in my application is complete and honestly represented. If admitted to William Jessup University, I pledge to abide by the University's regulations and to support the values of the University.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

William Jessup University does not discriminate on the basis of race, color, gender, age, veteran status, national or ethnic origin, or disability in its admissions policies or in the administration of its athletic and other college-administered programs and activities. Grievance procedures are outlined in the University Catalog.

# REFERENCE

PERSONAL

*To the applicant:* This reference is to be completed by someone well known to you who can vouch for your character; this may be a church leader, supervisor, mentor, or someone in a similar role (it may not be a member of your family). Please give the person a stamped envelope addressed to the William Jessup University, Degree Completion Program, 333 Sunset Blvd., Rocklin, CA 95765.

I waive my rights to examine this form. I understand that this reference form is required for admission to the Degree Completion Program, that it will be used for admission purposes only and will be destroyed upon acceptance to the University.

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

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE

Telephone \_\_\_\_\_

*To the Reference:* The above person is applying for admission in the Degree Completion Program of William Jessup University. This reference will be used only in the admission process, and will be destroyed upon acceptance to the University. We encourage a spirit of openness and candor as you carefully complete both sides of this form. Please mail this form to the Degree Completion Program Office.

1. How well do you know the applicant?  Well  Casually  Not Well

How long have you known the applicant? \_\_\_\_\_ (# of years)

2. Has the applicant made a personal commitment to Jesus Christ?  Yes  No  Unknown

Comments:

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3. To what extent has the applicant participated in the activities of the church and/or community?

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4. Are you aware of any personality traits or personal habits which might hinder the applicant's relationships with other people or in accomplishing academic work?

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5. Please comment on any special circumstances, home conditions, health, etc., which may prove helpful in considering this applicant's admission and/or adjustment to the University.

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6. What are some of the strengths and special abilities of the applicant?

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7. How have these strengths contributed to his or her work with others?

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8. How do you respond to this person's application for the Degree Completion Program of William Jessup University?

- Highly recommend (Exceptional Applicant)     Recommended  
 Recommended with reservations     Not recommended

Please comment on the recommendation you have made and add any other information which could be beneficial to us in considering this applicant for admission

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

Print Name \_\_\_\_\_ Telephone \_\_\_\_\_

Church \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE

# TRANSCRIPT REQUEST

## REQUEST FOR OFFICIAL TRANSCRIPT

To: Registrar \_\_\_\_\_ Date \_\_\_\_\_

University/College \_\_\_\_\_

From \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE

*Please send an official transcript to:*

William Jessup University • Degree Completion Program • 333 Sunset Blvd. • Rocklin CA 95765

I was a student from \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

I was registered under the following name(s) \_\_\_\_\_

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

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