



Pacific Islands University

Application Procedure Undergraduate Programs

A. Procedure for materials which **you should send** to PIU:
(Incomplete forms will result in delay of your application process)

1. Complete the Application for Admission.
2. Complete the Personal Testimony form.
3. Read and sign the Standards of Behavior form.
4. Provide copies of your birth certificate or passport and immunization card.
5. Send all of these along with \$40.00 to the main office:

Pacific Islands University
Registrar
P.O. Box 22619
Barrigada, Guam 96921
USA

B. Procedure for materials which **you should arrange to be sent** to PIU: (Note: For each of the following items, please include with the form a business-sized envelope, already addressed to the above address and with correct postage in place. Then the person can send the completed form directly to PIU.)

1. Transcripts from your High School and any college you may have attended (a form to request a transcript is attached).
2. Health Report from your doctor.
3. Pastoral Reference from a pastor of your church.
4. Professional Reference either from your school (a teacher, principal, counselor, or other administrator) or from your employer or supervisor if you have been working these past few years.
5. Official report of your score on the TOEFL exam. Applicant must achieve a minimum score of 475 for undergraduate acceptance.

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

Educational Experience

High School: _____

Number of years attended: _____ Graduated: _____

College: _____

Number of years attended: _____ Graduated Did not graduate

Name and address of your church: _____
Church Name City/Island Phone

List important school, community and church activities (e.g. music, athletics, and work) in which you have participated . If you have received special recognition in any of these activities, please describe. If necessary, continue listing on a separate page.

Activity	Position Held/Honors Won	Length of Participation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where do you expect to live while studying at PIU?

I will live at home and commute to school. I need a room in the dorm.

How do you plan to pay PIU expenses?

Self support Family support Church support other:

(Please explain) _____

You will need to submit the attached reference: signed Standards of Behavior form, TOEFL score, testimony and your transcript. These must be sent directly to PIU. Please provide for each reference a stamped envelope addressed to PIU.

I have requested a transcript from the following institution: _____

I have requested a Professional Reference from: _____

I have requested a Pastoral Reference from: _____

My Health report will come from Dr _____
Name Clinic / Hospital

I am enclosing with this application form my personal testimony, a signed Standards of Behavior form, TOEFL scores and my application fee of \$40.00.

Signature: _____

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.)



Pacific Islands University

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 school.

Signature

Print Name

Date

Health Report



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 E-mail: admissions@piu.edu

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/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 immunizations.

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 Physician

Date

Name and Title (Print)

Pastoral Reference



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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.

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

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

Professional Reference



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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 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.

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 knowledge hesitant moderate strong highly enthusiastic no

3. What is your opinion of the applicant's level of social readiness for college?
 negative knowledge hesitant moderate strong highly enthusiastic no

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



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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: _____