

Andrews  University  
**International Transfer Program**  
Application for International AAA Partnership  
Student Application Form

**I. Student Contact Information**

Full Student Name: \_\_\_\_\_  
Current Academic Status:  Freshman  Sophomore  Junior  Senior  
Current Major: \_\_\_\_\_ Desired Major: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
  
Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

**II. Current Academic Advisor Contact Information**

Name of Current Institution: \_\_\_\_\_ Current Advisor: \_\_\_\_\_  
Title of Advisor: \_\_\_\_\_ Department/Office: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
  
Signature of advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**III. Program Transfer Notes**

*Please describe any specific details that need special attention for this transfer:*

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**IV. Andrews University Contact Information (to be completed by Andrews University)**

Name of Student Advisor at Andrews University: \_\_\_\_\_  
Title of Advisor: \_\_\_\_\_ Department/Office: \_\_\_\_\_  
  
Signature of Andrews University advisor: \_\_\_\_\_ Date: \_\_\_\_\_