APPLICANT’S CHECKLIST
This checklist is designed to assist you in applying for admission to the School of Divinity at Gardner-Webb University. All items on this checklist must be submitted by the applicant and received in the Office of Admissions by the application deadline.

The Master of Divinity Applicant – Requirements for Admission
- A bachelor’s degree or its educational equivalent from a regionally accredited college or university.
- A cumulative GPA of 2.5 on a 4.0 scale.
- A stated and demonstrated commitment to Christian ministry.
- Submission of application by August 1 for fall consideration or by January 1 for spring consideration.

Required Application Documentation
- Application form and $40 nonrefundable fee
- Pilgrimage Statement. The pilgrimage statement should address the applicant’s Christian journey, the applicant’s call to ministry, the applicant’s ministerial involvement and what the applicant hopes to gain from her/his Master of Divinity degree at Gardner-Webb University. The pilgrimage statement should be 3-4 typed, double-spaced pages. The applicant should pay careful attention to writing style, which is one way of demonstrating readiness for master’s level theological education
- Academic/Supervisor Reference Form
- Professional or Ministerial Reference Form
- Personal Reference Form
- Church Approval Form
- Immunization History Form
- Official Transcript: Official transcripts(s) should be sent to the Office of Admissions from all undergraduate and (if applicable) graduate institutions previously attended. A final transcript also is required upon completion of your undergraduate degree.

The Doctor of Ministry Applicant – Requirements for Admission
- Completion of the Master of Divinity degree or its educational equivalent from an ATS-accredited institution.
- A minimum GPA of 2.75 on a 4.0 scale in Master of Divinity studies.
- Three years of ministerial experience following the completion of the Master of Divinity degree.
- Placement in a full-time vocational ministry setting.
- Submission of application documentation by April 1 for fall consideration or by November 1 for spring consideration.

Required Application Documentation
- Application form and $40 nonrefundable fee
- Ministry Essay. The ministry essay should address the applicant’s Christian journey and call to ministry, the applicant’s ministerial history, the applicant’s ministerial goal, and what the applicant hopes to gain from her/his Doctor of Ministry degree at Gardner-Webb University. The ministry essay should be a 10-15 page typed essay.
- Academic/Supervisor Reference Form
- Professional or Ministerial Reference Form
- Personal Reference Form
- Church Approval Form
- Immunization History Form
- Official Transcripts: Official transcripts should be sent to the Office of Admissions from all undergraduate and graduate institutions previously attended.

In addition to the application items listed above, international applicants also are required to submit the following items prior to the application deadline:
1. Affidavit of Financial Support
2. Official International Academic Credential Evaluation, conducted by World Education Services, Inc.

To obtain additional information on these requirements, international applicants should contact the Office of Admissions at kharmon@gardner-webb.edu or 704.406.3205.

Mail application to: Director of Admissions, Graduate Admissions, Gardner-Webb University
Post Office Box 7308, Boiling Springs, NC 28017
APPLICATION FOR  ❑ M.DIV. AND  ❑ D.MIN. ADMISSION

Name _______________________________________________________________________________________________________________________________

Last                                 First                               Middle                       Maiden                              Preferred Name

Permanent Address __________________________________________________________________________________________
Street                                             City                                            State/Province                                        Zip
____________________________________________________________________________________________________________

Primary Telephone:  ❑ Home  ❑ Cell  ❑ Work  Secondary Telephone:  ❑ Home  ❑ Cell  ❑ Work

Present Mailing Address ______________________________________________________________________________________
Street                                             City                                            State/Province                                        Zip
____________________________________________________________________________________________________________

Primary Telephone:  ❑ Home  ❑ Cell  ❑ Work  Secondary Telephone:  ❑ Home  ❑ Cell  ❑ Work

Until when will you be at the present address? __________________________________________________________________ Month                                                    Year

E-mail Address ______________________________________ Social Security Number _______________________________________

DEGREE PROGRAMS:
❑ Master of Divinity

CONCENTRATION (Choose one)
❑ Biblical Studies  ❑ Missiology
❑ Christian Education and Formation  ❑ Pastoral Care and Counseling
❑ Intercultural Studies  ❑ Pastoral Studies

❑ Doctor of Ministry

Please select one Doctor of Ministry Program of Study
❑ Doctor of Ministry in Christian Ministries       ❑ Doctor of Ministry in Pastoral Care and Counseling

❑ Dual Degree Programs
❑ M.Div/MBA
❑ M.Div./MA English
❑ M.Div./MA English Education
❑ M.Div./MA Mental Health Counseling
❑ M.Div./MA Religion

❑ Doctor of Ministry

NON-DEGREE APPLICANTS:
❑ Transient Student       ❑ Special Student       ❑ Auditing Student

When do you wish to enroll at the School of Divinity at Gardner-Webb University?  ❑ Fall       ❑ Spring       Year ____________

ACADEMIC BACKGROUND:
Please list all schools attended since high school graduation:

<table>
<thead>
<tr>
<th>COLLEGE/SEMINARY/ GRADUATE SCHOOL</th>
<th>LOCATION</th>
<th>DEGREE RECEIVED</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list additional information on separate sheet.
**CHURCH INFORMATION:**

Church of Membership ____________________________________________ Name __________________________________ Location

Denominational Affiliation (provide full, official name) ____________________________________________________________

For example: If you are a Baptist, please specify American Baptist, Cooperative Baptist Fellowship, Free Will Baptist, Independent Baptist, Missionary Baptist, National Baptist, Primitive Baptist, Progressive Baptist, Reformed Baptist, Southern Baptist Convention or other.

**REFERENCES**

Please list the names of persons whom you have selected to serve as references for application for admission. All applicants must provide three references: Academic/Supervisor, Professional/Ministerial, and Personal.

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Have you ever been dismissed, suspended, or placed on probation at any school?  ❑ Yes  ❑ No

If yes, please attach a statement of the details.

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.

Are there any criminal charges pending against you?  ❑ Yes  ❑ No

If yes, please attach a statement of the details.

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 ________________________________________________________________________

Ethnicity (Please select one or more entries)  ❑ African-American  ❑ Asian  ❑ American Indian/Alaskan Native
❑ Caucasian  ❑ Hispanic  ❑ Latino/Latina  ❑ Native Hawaiian or Pacific Islander

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

What is your first language? _______________________________________________________________________________

Veteran of Military Service  ❑ Yes  ❑ No

Eligible for Veteran’s Benefits  ❑ Yes  ❑ No

I certify that I have given full and complete information in this application and have listed each college and/or seminary I have attended.

Signature __________________________________________ Date __________________________

Gardner-Webb University complies with applicable laws prohibiting discrimination, including applicable provisions or and amendments to Titles VI and VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, Executive Order 11246, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Assistance Act, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, and does not unlawfully discriminate on the basis of race, national origin, sex, age, disability, genetic information, or veteran status in admission or access to, or treatment or employment in, its programs or services.

This form, essays, all three reference forms, Church Approval Form, all transcripts, Immunization History, and a nonrefundable $40 application fee should be returned to:

Director of Admissions, Office of Graduate Admissions, Gardner-Webb University, Post Office Box 7308, Boiling Springs, North Carolina 28017 or kharmon@gardner-webb.edu.
ACADEMIC REFERENCE FORM

Name of Applicant __________________________________________________________________________________________

Current Address ____________________________________________________________________________________________

____________________________________________________________________________________________________________

City                                                                                                                                        State                               Zip

Phone Number _____________________________________ Email Address  ___________________________________________

Degree Program:  ❑ Master of Divinity   ❑ Doctor of Ministry

Anticipated Enrollment:  ❑ Fall _______  ❑ Spring _____   ❑ Summer ______

TO THE APPLICANT: The Family Education Rights and Privacy Act of 1974 gives students a right to inspect and review their educational records. This includes the right to read specific confidential statements and letters of reference. In order to protect the confidentiality of your reference, you may waive this right. Please indicate your decision to waive or not waive the right by checking the appropriate statement and signing your name on the line below.

_____ 1. I waive the right to examine this reference form.

_____ 2. I do not waive the right to examine this reference form.

Applicant’s Signature ____________________________________________ Date ______________

TO THE RESPONDENT: The person named above is applying for admission to the School of Divinity at Gardner-Webb University. The Admissions Committee would appreciate your candid and detailed assessment of the applicant’s qualifications, academic abilities, and potential. Please complete this form and return it to the School of Divinity at Gardner-Webb University.

Respondent’s Name _________________________________________________________________________________________

Address __________________________________________________________________________________________________

Phone (          )_____________________________________ Email Address   ____________________________________________

Job Title __________________________________________________________________________________________________

Organization ________________________________________________________________________________________________

What is your relationship to the applicant? ________________________________________________________________

How long have you known the applicant? ________________________________________________________________
Please evaluate the applicant in the following areas.

<table>
<thead>
<tr>
<th>Ability in oral expression</th>
<th>Superior</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>No Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability in written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic aptitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analytical Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential as a leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment to Christian Ministry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness in working with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you recommend this person for admission?  ❑ Yes    ❑ No  

If yes, please circle one:

- With Enthusiasm
- With Confidence
- With Reservation
- Do Not Recommend

Please use the space below to share in your own words a full and candid evaluation of the applicant. If you are providing an academic reference, please comment on the applicant's intellectual abilities and accomplishments. If you are providing a general reference, please comment on the applicant's maturity, social sensitivity, interpersonal skills, limitations, and ability to thrive in graduate work and ministry. You may submit your statement on a separate page.

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

If further questions regarding the applicant arise, may the Director of Admissions contact you by phone?

❑ Yes     ❑ No

Signature ___________________________  Date ___________________________

Thank you for your thoughtful consideration. Please return your form to:

GRADUATE ADMISSIONS
GARDNER-WEBB UNIVERSITY
POST OFFICE BOX 7308
BOILING SPRINGS, NORTH CAROLINA 28017 USA

Fax (704) 406-3895  |  gardner-webb.edu
PROFESSIONAL/MINISTERIAL REFERENCE FORM

Name of Applicant __________________________________________________________________________________________

Last                                          First                                 Middle                           Former Name (if any)

Current Address _____________________________________________________________________________________________

____________________________________________________________________________________________________________

City                                                                                                                                        State                               Zip

Phone Number _____________________________________ Email Address  ___________________________________________

Degree Program:  ☐ Master of Divinity       ☐ Doctor of Ministry

Anticipated Enrollment:  ☐ Fall _______       ☐ Spring _______       ☐ Summer _______

TO THE APPLICANT: The Family Education Rights and Privacy Act of 1974 gives students a right to inspect and review
their educational records. This includes the right to read specific confidential statements and letters of reference. In order
to protect the confidentiality of your reference, you may waive this right. Please indicate your decision to waive or not
waive the right by checking the appropriate statement and signing your name on the line below.

1. I waive the right to examine this reference form.

2. I do not waive the right to examine this reference form.

Applicant’s Signature ___________________________________________________________________ Date  ________________

TO THE RESPONDENT: The person named above is applying for admission to the School of Divinity at
Gardner-Webb University. The Admissions Committee would appreciate your candid and detailed assessment of the
applicant’s qualifications, academic abilities, and potential. Please complete this form and return it to the School of
Divinity at Gardner-Webb University.

Respondent’s Name _________________________________________________________________________________________

Address  __________________________________________________________________________________________________

Phone (          )_____________________________________ Email Address   ____________________________________________

Job Title  ___________________________________________________________________________________________________

Organization ________________________________________________________________________________________________

What is your relationship to the applicant? ________________________________________________________________

How long have you known the applicant? _________________________________________________________________
Please evaluate the applicant in the following areas.

<table>
<thead>
<tr>
<th></th>
<th>Superior</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>No Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability in oral expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability in written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic aptitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analytical Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential as a leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment to Christian Ministry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness in working with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you recommend this person for admission?  ☐ Yes  ☐ No  

If yes, please circle one:

- With Enthusiasm
- With Confidence
- With Reservation
- Do Not Recommend

Please use the space below to share in your own words a full and candid evaluation of the applicant. If you are providing an academic reference, please comment on the applicant’s intellectual abilities and accomplishments. If you are providing a general reference, please comment on the applicant’s maturity, social sensitivity, interpersonal skills, limitations, and ability to thrive in graduate work and ministry. You may submit your statement on a separate page.

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

If further questions regarding the applicant arise, may the Director of Admissions contact you by phone?  ☐ Yes  ☐ No

Signature __________________________________________________________________________ Date ___________________

Thank you for your thoughtful consideration. Please return your form to:

GRADUATE ADMISSIONS
GARDNER-WEBB UNIVERSITY
POST OFFICE BOX 7308
BOILING SPRINGS, NORTH CAROLINA 28017 USA

Fax (704) 406-3895 | gardner-webb.edu
PERSONAL REFERENCE FORM

Name of Applicant __________________________________________________________________________________________

Current Address _____________________________________________________________________________________________

____________________________________________________________________________________________________________

City                                                                                                                                        State                               Zip

Phone Number _____________________________________ Email Address  ___________________________________________

Degree Program:  ❑ Master of Divinity    ❑ Doctor of Ministry

Anticipated Enrollment:  ❑ Fall _______    ❑ Spring _______    ❑ Summer _______

TO THE APPLICANT: The Family Education Rights and Privacy Act of 1974 gives students a right to inspect and review their educational records. This includes the right to read specific confidential statements and letters of reference. In order to protect the confidentiality of your reference, you may waive this right. Please indicate your decision to waive or not waive the right by checking the appropriate statement and signing your name on the line below.

1. I waive the right to examine this reference form.
2. I do not waive the right to examine this reference form.

Applicant’s Signature ___________________________________________________________________ Date  ________________

TO THE RESPONDENT: The person named above is applying for admission to the School of Divinity at Gardner-Webb University. The Admissions Committee would appreciate your candid and detailed assessment of the applicant’s qualifications, academic abilities, and potential. Please complete this form and return it to the School of Divinity at Gardner-Webb University.

Respondent’s Name _________________________________________________________________________________________

Address  __________________________________________________________________________________________________

Phone (          )_____________________________________ Email Address   ____________________________________________

Job Title  ___________________________________________________________________________________________________

Organization ________________________________________________________________________________________________

What is your relationship to the applicant? ________________________________________________________________

How long have you known the applicant? ________________________________________________________________
Please evaluate the applicant in the following areas.

<table>
<thead>
<tr>
<th>Area</th>
<th>Superior</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>No Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability in oral expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability in written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic aptitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analytical Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential as a leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment to Christian Ministry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness in working with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you recommend this person for admission?  ❑ Yes  ❑ No  If yes, please circle one:

- With Enthusiasm
- With Confidence
- With Reservation
- Do Not Recommend

Please use the space below to share in your own words a full and candid evaluation of the applicant. If you are providing an academic reference, please comment on the applicant’s intellectual abilities and accomplishments. If you are providing a general reference, please comment on the applicant’s maturity, social sensitivity, interpersonal skills, limitations, and ability to thrive in graduate work and ministry. You may submit your statement on a separate page.

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

If further questions regarding the applicant arise, may the Director of Admissions contact you by phone?  ❑ Yes  ❑ No

Signature ______________________________________  Date ________________

Thank you for your thoughtful consideration. Please return your form to:

GRADUATE ADMISSIONS
GARDNER-WEBB UNIVERSITY
POST OFFICE BOX 7308
BOILING SPRINGS, NORTH CAROLINA 28017  USA

Fax (704) 406-3895  | gardner-webb.edu
TO THE APPLICANT: Each applicant for admission to the School of Divinity at Gardner-Webb University must have the approval of a local church. The following statement should be read to the church in regular business session, or according to the polity of your church, and approved by formal vote of the congregation.

STATEMENT
Having evidence that _______________________________________________________________, an applicant for admission to the School of Divinity at Gardner-Webb University is:

- an individual of profound commitment to the Christian faith as evidenced by participation in the life of this church;
- an individual of personal moral integrity;
- an individual of emotional stability who is able to fill leadership responsibilities in church life, and
- an individual whom this church would recommend for a responsible role in the Christian ministry;

we, therefore, express approval of her/his desire to enter the work of the professional ministry, and recommend her/him for admission to the School of Divinity at Gardner-Webb University.

Name of Church ___________________________________  Denominational Affiliation  _________________________________

Address of Church  __________________________________________________________________________________________

____________________________________________________________________________________________________________

City                                                                                                                                    State                                Zip

Signature of Pastor  __________________________________________________________________________________________

Signature of Church Clerk  ____________________________________________________________________________________

Date of Church Approval  __________________________ Date Applicant Joined Church  _______________________________

TO THE CHURCH: Thank you for your thoughtful consideration. Please return this form to:

GRADUATE ADMISSIONS
GARDNER-WEBB UNIVERSITY
POST OFFICE BOX 7308
BOILING SPRINGS, NORTH CAROLINA 28017 USA

Fax (704) 406-3895  |  gardner-webb.edu
GUIDELINES FOR COMPLETING IMMUNIZATION RECORD

Welcome to Gardner-Webb University.

The student immunization record must be completed and returned **BEFORE** you arrive on campus.

**DEADLINES:**  
SEPTEMBER 1 FOR FALL ENROLLMENT  
FEBRUARY 1 FOR SPRING ENROLLMENT

The immunization form must be completed and signed by a health care provider. Immunization dates must include Month, Day, and Year of administration. Important – the immunization requirements must be met; or according to NC law, you will be suspended from Gardner-Webb University 30 days after the beginning of classes. This will inactivate your ID card and prevent you from accessing your dorm room, purchasing food in the Cafeteria or making any other transactions with your Gardner-Webb ID card.

**ACCEPTABLE RECORDS OF YOUR IMMUNIZATIONS MAY BE OBTAINED FROM ANY OF THE FOLLOWING:**

High school records, physician, health department, military record, or previously attended college. These records may not fulfill all the requirements noted below. Records must include a physician’s signature, health department stamp, or high school record attachment. It is your responsibility to assure compliance with required immunizations.

### NC UNIVERSITY IMMUNIZATION REQUIREMENTS

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>NUMBER DOES REQUIRED BEFORE SCHOOL ENTRY*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus and pertussis</td>
<td>3 Doses*</td>
</tr>
<tr>
<td>Polio</td>
<td>3 Doses*</td>
</tr>
<tr>
<td>Measles</td>
<td>2 Doses*</td>
</tr>
<tr>
<td>Mumps</td>
<td>2 Doses*</td>
</tr>
<tr>
<td>Rubella</td>
<td>1 Doses*</td>
</tr>
<tr>
<td>Hepatitis B (Hep B)</td>
<td>3 Doses*</td>
</tr>
</tbody>
</table>

*Descriptions are listed on the back of this form

**QUESTIONS?**

Contact Pam Skinner  
(704) 406-3591  
pskinner@gardner-webb.edu
DIPHTHERIA, TETANUS AND PERTUSSIS
Three doses. One must have been within the past 10 years. Those individuals enrolling in college or university for the first time on or after July 1, 2008 must have had three doses of tetanus/diphtheria toxoid and a booster dose of tetanus/diphtheria/pertussis vaccine if a tetanus/diphtheria toxoid or tetanus/diphtheria/pertussis vaccine has not been administered within the past 10 years.

POLIO
An individual attending school who has attained his or her 18th birthday is not required to receive polio vaccine.

MEASLES
Measles vaccines are not required if any of the following occur: Diagnoses of disease prior to January 1, 1994; an individual who has been documented by serological testing to have a protective antibody titer against measles; or an individual born prior to 1957. An individual who enrolled in a college or university for the first time before July 1, 1994 is not required to have a second dose of measles vaccine.

MUMPS
Mumps vaccine is not required if any of the following occur: an individual who has been documented by serological testing to have a protective antibody titer against mumps; an individual born prior to 1957; or an individual enrolled in a college or university for the first time before July 1, 1994. An individual entering a college or university prior to July 1, 2008 is not required to receive a second dose of mumps vaccine.

RUBELLA
Rubella vaccine is not required if any of the following occur: 50 years of age or older; and individual is enrolled in a college or university before February 1, 1989 and after their 30th birthday; an individual who has been documented by serological testing to have a protective antibody titer against rubella.

HEPATITIS B
Hepatitis B vaccine is not required if an individual was born before July 1, 1994.
IMMUNIZATION RECORD
(Please type or print in black ink.)

TO BE COMPLETED AND SIGNED BY PHYSICIAN OR CLINIC

A copy of your COMPLETE immunization record from a physician or clinic may be attached to this form. (See other side for acceptable forms of documentation. Please note that you are required to have a series of three (3) DTP doses with a Tdap booster within the last 10 years. Also note that you may require a second Measles (Rubeola). These are usually not current on your high school immunization records.

Name __________________________________________________________________________ Date of Birth ____/____/ _____

LAST                                  FIRST                                   MIDDLE

REQUIRED IMMUNIZATIONS

<table>
<thead>
<tr>
<th></th>
<th>Mo/Day/Yr</th>
<th>Mo/Day/Yr</th>
<th>Mo/Day/Yr</th>
<th>Mo/Day/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP or TD</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
<td>#4</td>
</tr>
<tr>
<td>Tdap Booster</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td>Titer Date &amp; Result must be attached</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
<td>Titer Date &amp; Result must be attached</td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td>Titer Date &amp; Result must be attached</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td>Titer Date &amp; Result must be attached</td>
</tr>
</tbody>
</table>

**You may attach other shot records, OR official high school shot records, if available.

If a physician administers your immunizations, please make sure to have the physician sign and date.**

SIGNATURE OF PHYSICIAN OR
HEALTH CARE PROVIDER CLINIC STAMP ________________________________________ DATE ________________

PRINT NAME OF PHYSICIAN/
PHYSICIAN ASSISTANT/ NURSE PRACTITIONER ____________________________________________

AREA CODE/PHONE NUMBER _______________________________________________________________________________

PLEASE RETURN COMPLETED FORM TO:
Registrar - Immunization Records, Gardner-Webb University, P.O. Box 997, Boiling Springs, NC 28017
FAX #704-406-4261 | SEPTEMBER 1 FOR FALL ENROLLMENT | FEBRUARY 1 FOR SPRING ENROLLMENT