

Please print or type your information then sign and date this form

Status: **New Applicant** **Reactivating student**

Have you previously enrolled as a BSB student? Yes No

Have you ever studied through another Global University Network Office? Yes No

(If yes to the above) Former Student No: _____ Former GU Network Office: _____

Applicant's Name and Phone Number Information:

Home Address (Street/City/State/Zip/Country):

Last/Family Name: _____

First/Given Name: _____

Middle Name: _____

Maiden Name: _____

Primary Phone: _____

E-mail: _____

Other Phone: _____

Title: Mr. Ms. Mrs. Rev. Dr.

Date of Birth:
(Example: JAN/05/1987)

Marital Status: Single Married Widowed Divorced

_____/_____/_____
Month Day Year

Gender: Male Female

Country of Citizenship: _____

Primary Religious Affiliation:

Primary language spoken: _____

Assemblies of God Other Pentecostal
 Protestant Roman Catholic

I will study my courses in: English French Spanish

I will be using USA VA military benefits. Yes No

Other (specify): _____

ACADEMIC INFORMATION

Highest Education completed (i.e. Secondary/High School or Post-Secondary) _____

List any post-secondary institutions you have attended (i.e. trade school, Bible College, or university):

Institution	Dates Attended	Major	Certificate/Diploma/Degree	Sending Official* Transcript
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Official indicates a transcript that is sent by the school or institution directly to Global University.

Required Documentation: A copy of your high school transcript or equivalent proof of graduation must be submitted.

MINISTRY AFFILIATION

I have ministerial credentials with: the Assemblies of God (may qualify for 20% tuition discount).

another organization (please specify): _____

Country: _____ District: _____

Level of credential: _____ Date obtained: _____

PROGRAMS OF STUDY

Mark the program of study for which you are applying. (Choose only one)

- Not enrolling in a Program (*completing Global University courses to transfer to another school*)
- Undeclared/Enrichment (*not pursuing a certificate, diploma, or degree; enrolling in courses for enrichment purposes*)
- Undeclared/Undecided (*will choose a program of study before completing 18 credits*)
- Undeclared – Concurrent/Dual Enrolled High School Student (*complete U-18 student application form*)

Certificates	Credits	Bachelor of Arts Degrees	Credits
<input type="checkbox"/> Bible Interpreter Certificate	15	<input type="checkbox"/> B.A. in Bible and Theology <input type="checkbox"/> with minor* <input type="checkbox"/> without minor	120
<input type="checkbox"/> Christian Communicator Certificate	15	<input type="checkbox"/> B.A. in Christian Education <input type="checkbox"/> with minor* <input type="checkbox"/> without minor	120
<input type="checkbox"/> Christian Mission Certificate	15	<input type="checkbox"/> B.A. in Intercultural Studies <input type="checkbox"/> with minor* <input type="checkbox"/> without minor	120
<input type="checkbox"/> General Studies Certificate	15	* <i>The 15-credit Pastoral Counseling minor may count as part of the program's elective credits. Students who earned the Pastoral Counseling Certificate are not eligible for the minor program.</i>	
<input type="checkbox"/> Certificate in Pastoral Counseling	18		
<input type="checkbox"/> Certificate in Bible and Theology	30		
Associate of Arts Degrees	Credits	*Second Bachelor of Arts Degrees	Credits
<input type="checkbox"/> A.A. in Bible/ Theology	60	<input type="checkbox"/> Second B.A. in Bible and Theology	55
<input type="checkbox"/> A.A. in Christian Education	60	<input type="checkbox"/> Second B.A. in Christian Education	55
<input type="checkbox"/> A.A. in Church Ministries	60	<input type="checkbox"/> Second B.A. in Intercultural Studies	55
Diplomas	Credits	* <i>You must request an official transcript from the university that awarded your first bachelor's degree.</i>	
<input type="checkbox"/> Diploma in Ministry	60		
<input type="checkbox"/> Diploma in Bible and Theology	90		
<input type="checkbox"/> Specialized degree for non-USA students _____ <div style="text-align: right; font-size: small;">(Program name)</div>			

How did you hear about Global University? _____

- I agree to the regulations governing the study program set forth by the Global University catalog in effect during the year in which I am applying
- I understand I must maintain a GPA of 2.00 in order to be permitted to continue my undergraduate studies and complete my study program.
- I understand it is my responsibility to verify the applicability of Global University's credits toward my educational goals and completion of this study program does not guarantee my acceptance for any position by any church or organization.
- I understand I am responsible for all shipping/duty fees for materials shipped if I reside outside the USA.
- I understand the application/reactivation fee (refer to fee schedule) is non-refundable five business days after this form is received by Global University.

Date: ____ / ____ / ____ Applicant's Signature: _____
 Month Day Year

Print Full Name: _____

Parental/Guardian Signature (for applicants under 18 years): _____

\$50 Payment Method (if paying by credit card please fax or mail form; do not e-mail credit card information):

- Check enclosed Please bill my credit card: Visa Master Card Discover
- Check # _____ Credit Card # _____ Expiration Date _____

FOR OFFICE USE ONLY		UG USA Application-EN 20191219
Date: ____ / ____ / ____ Month Day Year	I recommend this student for the program he or she has indicated.	
	Global University Registrar's Signature: _____	



PERMISSION TO RELEASE RECORDS

Please clearly print all information – This form is required for all applicants under the age of 18, study group students, Assemblies of God ministerial credential applicants, or those who desire to be represented by other persons. Send signed form to GU Student Services by mail, fax, or scanned e-mail attachment (studentinfo@globaluniversity.edu).

Student ID #: _____ Date of Birth: _____
(Example: Jan/05/1987)

E-mail: _____ Phone #: _____

Student Name:

First Middle Last

Student Mailing Address:

P.O. Box or Street Address

City, State, and Zip Code

Country

I authorize Global University to release all academic and financial records to and give authorization for my courses to be ordered by the following (**select all that apply**):

Specified individual (spouse, parent, chaplain, etc.)

Name of individual(s): _____

Global University approved Study Group

Name of Study Group, Church, or Organization Study Group Account #

City, State, and Zip Code

Assemblies of God District Council

Name of District: _____

This authorization is in effect until such a time that I contact Global University in Springfield, Missouri and withdraw my authorization in writing. I have read and understand Global University's cancellation and refund policy as it pertains to the specific level of courses (BSB, undergraduate, or graduate) that are being ordered.

Student Signature: _____ Date: _____