



GLOBAL
UNIVERSITY

UNDERGRADUATE SCHOOL OF BIBLE AND THEOLOGY

1211 S. Glenstone Avenue, Springfield, MO 65804 USA

Telephone: 1-800-443-1083 USA; 417-862-9533 Outside USA • Fax: 417-862-0863 • Email: studentinfo@globaluniversity.edu

Undergraduate Application (USA)

Please clearly print or type information on this form, then sign and date it.

Student Information

Status: ☐ New applicant ☐ Reactivating student

☐ I have previously enrolled as a BSB student.

☐ I have previously studied with another Global University network office.

Former student number: _____

Former GU network office: _____

Student Name: _____
Last/Family

First/Given Middle Maiden

Address: _____

City State/Province

Postal Code Country

Primary Phone: _____

Other Phone: _____

Email: _____

Date of Birth: ____/____/____ ☐ Male
DD MM YYYY ☐ Female

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

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Country of Citizenship: _____

Primary Language: _____

I will study my courses in: ☐ English ☐ Spanish ☐ French

☐ I will be using USA VA military benefits

Primary Religious Affiliation

☐ Assemblies of God ☐ Other Pentecostal

☐ Protestant ☐ Roman Catholic

☐ Other (specify): _____

Academic Information

Highest Education Completed (e.g., secondary/high school, post-secondary): _____

List any post-secondary institutions you have attended (e.g., trade school, Bible college, 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 percent tuition discount)

☐ Other (please specify): _____

Country: _____

District: _____

Level of credential: _____

Date Obtained: ____/____/____
DD MM YYYY

Programs of Study

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

- ☐ Not enrolling in a program (*completing GU 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*)

<i>Certificates</i>	<i>Credits</i>	<i>Bachelor of Arts Degrees</i>	<i>Credits</i>
<input type="checkbox"/> Bible Interpreter Certificate	15	<input type="checkbox"/> Bachelor of Arts in Bible and Theology	120
<input type="checkbox"/> Christian Communicator Certificate	15	<input type="radio"/> With minor*	
<input type="checkbox"/> Christian Mission Certificate	15	<input type="radio"/> Without minor	
<input type="checkbox"/> General Studies Certificate	15	<input type="checkbox"/> Bachelor of Arts in Christian Education	120
<input type="checkbox"/> Certificate in Pastoral Counseling	18	<input type="radio"/> With minor*	
<input type="checkbox"/> Certificate in Bible and Theology	30	<input type="radio"/> Without minor	
<i>Associate of Arts Degrees</i>	<i>Credits</i>	<input type="checkbox"/> Bachelor of Arts in Intercultural Studies	120
<input type="checkbox"/> Associate of Arts in Bible and Theology	60	<input type="radio"/> With minor*	
<input type="checkbox"/> Associate of Arts in Christian Education	60	<input type="radio"/> Without minor	
<i>Diplomas</i>	<i>Credits</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.	
<input type="checkbox"/> Diploma in Ministry	60		
<input type="checkbox"/> Diploma in Bible and Theology	90		

☐ Specialized Degree for Non-USA Students

Program Name

<i>Second Bachelor of Arts Degrees</i>	<i>Credits</i>
<input type="checkbox"/> Second Bachelor of Arts in Bible and Theology**	55
<input type="checkbox"/> Second Bachelor of Arts in Christian Education**	55
<input type="checkbox"/> Second Bachelor of Arts in Intercultural Studies**	55

**In order to qualify for enrollment you must request an official transcript from the university that awarded your first bachelor's degree.

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: ____ / ____ / ____
 DD MM YYYY

Print Full Name: _____

Applicant's Signature

Parental / Guardian Signature (for applicants under 18 years)

Payment Method (\$50)

- ☐ Check Enclosed Check Number: _____
- ☐ Please bill my credit card: ☐ Visa ☐ MasterCard ☐ Discover
(if paying by credit card, please fax or mail form; do not email credit card information):

Credit Card Number: _____

Name as it appears on card: _____ Expiration Date: _____

FOR OFFICE USE ONLY	
Date: ____ / ____ / ____ DD MM YYYY	I recommend this student for the program he or she has indicated. Global University Registrar's Signature: _____



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Permission to Release Records (USA)

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. Submit this signed form by scanned email attachment to Global University International Student Services at studentinfo@globaluniversity.edu or if email is unavailable, mail to the address above.

Please clearly print all information.

Student ID: _____

Date of birth: _____
DD/MM/YYYY

Email: _____

Phone: _____

Name: _____
Last/Family

First/Given Middle

Address: _____

City State/Province

Postal 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, pastor, etc.)

Name of individual: _____

Relationship to student: _____

☐ Global University-approved study group

Name of study group, church, or organization Study group account number

City State Postal 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: _____
DD/MM/YYYY