



**GRADUATE SCHOOL OF THEOLOGY
STUDENT SERVICE REQUEST DIRECTLY
ENROLLED STUDENTS ONLY**

Springfield, Missouri 65804 USA

Phone: 1-800-443-1083 (USA); 417-862-9533 (Outside USA)

Fax: 417-862-0863; E-mail: gradenroll@globaluniversity.edu

Student name: _____ Student number: _____

Address: _____ Office code: _____

_____ Phone: _____

_____ E-mail: _____

_____ Date of birth (da/mo/yr): ____/ __/____

I would like to request the service(s) checked below:

- Course Enrollment extension (\$20 - per month)** - *My course is past or close to passing the 6-month deadline. I am requesting an additional ____ months from my original enrollment date.*

This request must be approved by the Dean.

Course code and name: _____

- Reactivation of student status (\$35)** - *I have had no course activity for 18 months or more, and I would like to reactivate under the current catalog.*

Please indicate which program of study you are reactivating. You may go to https://www.globaluniversity.edu/graduate_index.cfm to see a list of current graduate programs.

This request must be approved by the Dean.

Program being reactivated: _____

- Program extension (\$65)** - *I have gone beyond 7 years to complete my MA or 10 years to complete my MDiv degree and am requesting more time. This request must be approved by the Dean.*

Program being extended: _____

- Capstone Paper/Theology of Ministry Paper Submission (\$276)**

Program: _____

- Thesis Defense (\$35)** (when thesis defense is scheduled)

- Thesis Binding (\$125)** (2 free copies for student; \$25 for each additional copy student orders).
Required on submission of final copy of the thesis or when additional copies are requested.

- Graduation Request** - *I have submitted all required coursework and am ready to request my diploma.*

This fee does not cover academic regalia or diploma cover.

- \$50 (Certificate, MA, or MDiv students)
 \$60 (DMin students)

Diploma cover may be purchased from Global Gear (<http://globalgear.org>).

Student name as it should appear on diploma: _____

Payment Information (if paying by credit card, please fax or mail form; do not e-mail credit card information)

Check enclosed

Please bill my credit card:

Credit Card#: _____

Name on card: _____

Expiration Date: _____

This document may be submitted with payment information to:

Global University Enrollment Services

Attn.: Graduate Representative

1211 S Glenstone Ave

Springfield, MO, 65804

Email: gradenroll@globaluniversity.edu

Phone: 1-800-443-1083 option 4

Fax: (417) 862-0863