



Berean School of the Bible Application (INTL) 2019 Nondegree Studies

Please print or type your information. Both the student and GU network representative need to sign this form.

Status: **New Applicant** **Former Student** Student Number and Office (if former student): _____

Last/Family Name: _____ Home Address: _____

First/Given Name: _____

Middle Name: _____ City: _____

Maiden Name: _____ Country: _____

Primary Phone: _____

Other Phone: _____ E-mail: _____

Title: Mr. Ms. Mrs. Rev. Dr. Country of Citizenship: _____

Marital Status: Single Married Widowed Divorced Primary Language Spoken: _____

Gender: Male Female Primary Religious Affiliation: Assemblies of God

Date of Birth: ____/____/____
DD Month YYYY
(Ejemplo: 05 / ENE / 87) Other Pentecostal Protestant Catholic
 Other (specify): _____

PROGRAM OF STUDY

(Please select only one)

Ministerial Studies Certificates: **Level One (Certified)** **Level Two (Licensed)** **Level Three (Ordained)**

Ministerial Studies Diploma (all three levels) **Bible and Doctrine** **Undeclared**

- I understand that ministerial credentials are not issued by Global University.
- I understand that Berean School of the Bible (BSB) offers non-degree courses, which are calculated in continuing education units (CEUs), not college credits, and that it is my responsibility to verify the applicability of courses toward my educational goals.
- I understand that my completion of this study program does not guarantee my acceptance for any position by any church or organization.
- I agree to adhere to the standards and policies published in the BSB catalog.

My application fee is included with this form (refer to fee schedule).

The application fee is nonrefundable five business days after this form is received by Global University.

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

Print Full Name: _____

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

FOR GU NETWORK OFFICE USE ONLY	
Date: ____/____/____ <small>DD Month YYYY</small>	I recommend this student for the program he or she has indicated.
GU Network Office Code: _____	GU Representative's Signature: _____
FOR INTERNATIONAL OFFICE USE ONLY	
Date: ____/____/____ <small>DD Month YYYY</small>	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 authorization is required for all students who desire to be represented by a GU network office or other persons. Submit signed authorization with application or send to Global University Student Services by mail, fax, or scanned e-mail attachment (studentservices@globaluniversity.edu)

Student ID #: _____ Date of Birth: _____
(Example: 05-JUL-1995)

Student E-mail: _____ Student Phone #: _____

Student Name:

First/Given Middle Last/Family

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 subjects to be ordered by the following (select all that apply):

GU Network Office

Name of GU Network Office GU Network Office Code

GU Network Office E-mail Address

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

Name of individual: _____

Relationship to student: _____

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: _____