

Please print or type your information. Both the student and GU network representative need to sign 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 Enrollment Office: \_\_\_\_\_

Home Address: \_\_\_\_\_

Last/Family Name: \_\_\_\_\_

\_\_\_\_\_

First/Given Name: \_\_\_\_\_

\_\_\_\_\_

Middle Name: \_\_\_\_\_

City: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Country: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Phone: \_\_\_\_\_

\_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Marital Status:  Single  Married  Widowed  Divorced

(Example: 05 / JAN / 1987)

Gender:  Male  Female

Country of Citizenship: \_\_\_\_\_

Primary Religious Affiliation:

Primary language spoken: \_\_\_\_\_

Assemblies of God  Other Pentecostal

Language of Study: \_\_\_\_\_

Protestant  Roman Catholic

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 secondary education transcript or equivalent proof of graduation must be submitted.

### MINISTRY AFFILIATION

I have ministerial credentials with:  the Assemblies of God  
 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*)

Certificates	Credits	Bachelor of Arts Degrees	Credits
<input type="checkbox"/> The Bible Interpreter	16	<input type="checkbox"/> BA in Bible and Theology <input type="checkbox"/> with minor* <input type="checkbox"/> without minor	120
<input type="checkbox"/> The Christian Communicator	16	<input type="checkbox"/> BA in Intercultural Studies <input type="checkbox"/> with minor* <input type="checkbox"/> without minor	120
<input type="checkbox"/> The Christian Mission	16	<input type="checkbox"/> BA in Christian Education <input type="checkbox"/> with minor* <input type="checkbox"/> without minor	120
<input type="checkbox"/> The General Studies	16	* 15-credit Pastoral Counseling minor <i>(counts as part of degree program elective credits)</i>	
<input type="checkbox"/> The Certificate in Bible and Theology	30		
Associate of Arts Degrees	Credits	*Second Bachelor of Arts Degrees	Credits
<input type="checkbox"/> AA in Bible and Theology	60	<input type="checkbox"/> Second BA in Bible and Theology	55
<input type="checkbox"/> AA in Church Ministries	60	<input type="checkbox"/> Second BA in Intercultural Studies	55
<input type="checkbox"/> AA in Christian Education	60	<input type="checkbox"/> Second BA in Christian Education	55
Diplomas	Credits	*You must request an official transcript from the university that awarded your first bachelor's degree	
<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, and I understand that my completion of this study program does not guarantee my acceptance for any position by any church or organization.**
- **I agree that it is my responsibility to verify the applicability of Global University's credits toward any educational goal that I may have.**
- **I understand e-mail is considered a primary method for communication and is intended to meet the academic and administrative needs of the University. I agree to monitor my Global University e-mail account on a regular basis.**
- **I understand I am responsible for all shipping/duty fees for materials shipped if I reside outside the USA.**

**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): \_\_\_\_\_

<b>FOR GU NETWORK OFFICE USE ONLY</b>	UG Intl Application-EN 20181220
Date: _____ / _____ / _____ Day      Month      Year	I recommend this student for the program he or she has indicated.
GU Network Office Code: _____	GU Representative's Signature: _____
<b>FOR INTERNATIONAL OFFICE USE ONLY</b>	
Date: _____ / _____ / _____ Day      Month      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 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, etc.)

Name of individual(s): \_\_\_\_\_

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: \_\_\_\_\_