

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: _____

Maiden Name: _____

Primary Phone: _____

Other Phone: _____

City: _____

Country: _____

Email: _____

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

Marital Status: Single Married Widowed Divorced

Gender: Male Female

Date of Birth: ____ / ____ / ____
Day Month Year

(Example: 05 / JAN / 1987)

Country of Citizenship: _____

Primary language spoken: _____

Language of Study: _____

Primary Religious Affiliation:

Assemblies of God Other Pentecostal

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*)
- 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 _____ (Program name) | | | |

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.
- 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 | UG Intl Application-EN 20191219 |
| Date: _____ / _____ / _____ Day Month Year | 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: _____ / _____ / _____ Day Month Year | I recommend this student for the program he or she has indicated. | |
| Global University Registrar's Signature: _____ | | |

PERMISSION TO RELEASE RECORDS (INTL)

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 email attachment (studentservices@globaluniversity.edu)

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

Student Email: _____ 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 Email 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: _____