



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: studentservices@globaluniversity.edu

Undergraduate Application (International)

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

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 enrollment office: _____

Student Name: _____

Last/Family

First/Given

Middle

Maiden

Address: _____

City

Country

Primary Phone: _____

Other Phone: _____

Email: _____

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

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

Marital Status: Single Married Widowed Divorced

Country of Citizenship: _____

Primary Language: _____

Language of Study: _____

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

Other (please specify): _____

Country: _____

District: _____

Level of credential: _____

Date Obtained: ____/____/____
DD MM YYYY



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Permission to Release Records (International)

This authorization is required for all students who desire to be represented by a GU network office or other persons. Submit this signed form by scanned email attachment to Global University International Student Services at studentservices@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 subjects to be ordered by the following (select all that apply):

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

Name of individual: _____

Relationship to student: _____

GU Network Office

Name of GU network office

GU network office code

GU network office email address

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