GLOBAL UNIVERSITY

**BEREAN SCHOOL OF THE BIBLE**

1211 S. Glenstone Avenue, Springfield, MO 65804 USA • Telephone: 1-800-443-1083 USA; 417-862-9533 Outside USA
Fax: 417-862-0863 • Web: globaluniversity.edu • Email: studentservices@globaluniversity.edu

# Application for Non-Degree Studies (International)

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

☐ New Applicant ☐ Former Student Former Student ID: _____

Student Name: _____
*Last/Family*

_____
*First/Given* *Middle*

Address: _____

_____
*City* *State/Province*

_____
*Postal Code* *Country*

Primary Phone: _____

Other Phone: _____

Email: _____

Date of Birth: _____
*DD/MM/YYYY*

Gender: ☐ Male ☐ Female

Primary Language Spoken: _____

I will study in: ☐ English ☐ Spanish

How did you hear about Global University (GU)?

_____

**Program of Study** (please check one)

*BSB does not confer ministerial credentials.*

- ☐ Ministerial Studies
  - ☐ Level One (Certified)
  - ☐ Level Two (Licensed)
  - ☐ Level Three (Ordained)
- ☐ Bible and Doctrine
- ☐ Church Volunteer Service
- ☐ Undeclared (Not pursuing a certificate or diploma)

**I understand that:**

- ☐ I must include the appropriate application fee (non-refundable five business days after GU receives this form).
- ☐ Ministerial credentials are not issued by Global University.
- ☐ 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 BSB courses toward my educational goals.
- ☐ My completion of this study program does not guarantee my acceptance for any position by any church or organization.
- ☐ By signing here, I agree to adhere to the standards and policies published in the BSB catalog.

Applicant's Signature: _____

Date: _____
*DD/MM/YYYY*

**ONLY FOR GU OFFICE USE**

Date: _____ *I recommend this student for the program they have selected.*
*DD/MM/YYYY*

*Office code:* _____ Representative's Signature: _____

Date: _____ *I recommend this student for the program they have selected.*
*DD/MM/YYYY*

GU Registrar's Signature: _____

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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

GU Germany e.V. — *Name of GU network office*

GME — *GU network office code*

info@globaluniversity-germany.com — *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*