



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: _____

E-mail: _____

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*)

Certificates	Credits	Bachelor of Arts Degrees	Credits	Credits
<input type="checkbox"/> The Bible Interpreter	16	<input type="checkbox"/> BA in Bible and Theology	<input type="checkbox"/> Fach-/Abitur / Matura* 90 otherwise <input type="checkbox"/> 120	
<input type="checkbox"/> The Christian Communicator	16	<input type="checkbox"/> BA in Intercultural Studies	<input type="checkbox"/> Fach-/Abitur / Matura* 90 otherwise <input type="checkbox"/> 120	
<input type="checkbox"/> The Christian Mission	16	<input type="checkbox"/> BA in Christian Education	<input type="checkbox"/> Fach-/Abitur / Matura* 90 otherwise <input type="checkbox"/> 120	
<input type="checkbox"/> The General Studies	16	<i>* requires German Fachabitur or Abitur, Matura or equivalent</i>		
<input type="checkbox"/> The Certificate in Bible and Theology	30	<i>(12+ school years)</i>		
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	<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, 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): _____

FOR GU NETWORK OFFICE USE ONLY

UG Intl Application-EN 20190620

Date: _____ / _____ / _____
Day Month Year

I recommend this student for the program he or she has indicated.

GU Network Office Code: G M E

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 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

G M E
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: _____