



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

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.

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)

- 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: _____

DD/MM/YYYY

I recommend this student for the program they have selected.

Office code: _____

Representative's Signature: _____

Date: _____

DD/MM/YYYY

I recommend this student for the program they have selected.

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

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