



# Berean School of the Bible Application (INTL) 2020 Nondegree Studies

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

**Status:**    **New Applicant**    **Former Student**   Student Number and Office (if former student): \_\_\_\_\_

Last/Family Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

First/Given Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ City: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title:    Mr.    Ms.    Mrs.    Rev.    Dr.   Country of Citizenship: \_\_\_\_\_

Marital Status:  Single    Married    Widowed    Divorced   Primary Language Spoken: \_\_\_\_\_

Gender:    Male    Female   Primary Religious Affiliation:    Assemblies of God

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD   Month   YYYY  
*(Ejemplo: 05 / ENE / 87)*    Other Pentecostal    Protestant    Catholic  
 Other (specify): \_\_\_\_\_

## PROGRAM OF STUDY

(Please select only one)

**Ministerial Studies Certificates:**    **Level One (Certified)**    **Level Two (Licensed)**    **Level Three (Ordained)**

**Ministerial Studies Diploma (all three levels)**    **Bible and Doctrine**    **Undeclared**

- I understand that ministerial credentials are not issued by Global University.
- I understand that 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 courses toward my educational goals.
- I understand that my completion of this study program does not guarantee my acceptance for any position by any church or organization.
- I agree to adhere to the standards and policies published in the BSB catalog.
- 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                           |   |
|--|---|
| Date: ____/____/____<br><small>DD   Month   YYYY</small> | 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: ____/____/____<br><small>DD   Month   YYYY</small> | I recommend this student for the program he or she has indicated. |
| Global University Registrar's Signature: _____           |   |



## PERMISSION TO RELEASE RECORDS

**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: \_\_\_\_\_