

## **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: <u>globaluniversity.edu</u> • Email: <u>studentservices@globaluniversity.edu</u>

## **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:		Gender: 🗖 Male 🗖 Female	
Last/Family		Primary Language Spoken:	
First/Given Address:	Middle	I will study in:  ☐ English  ☐ Spanish How did you hear about Global University (GU)?	
City Postal Code	State/Province Country	<b>Program of Study</b> (please check one) BSB does not confer ministerial credentials.	
	,	Ministerial Studies	
Primary Phone: Other Phone:		<ul> <li>Level One (Certified)</li> <li>Level Two (Licensed)</li> <li>Level Three (Ordained)</li> </ul>	
Email:			
Date of Birth: DD/MM/YYYY		<ul> <li>Bible and Doctrine</li> <li>Church Volunteer Service</li> <li>Undeclared (Not pursuing a certificate or diploma)</li> </ul>	
<ul> <li>I understand that:</li> <li>I must include the appropriate application fee (non-refundable five business days after GU receives this form).</li> <li>Ministerial credentials are not issued by Global University.</li> <li>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.</li> </ul>		<ul> <li>My completion of this study program does not guarantee my acceptance for any position by any church or organization.</li> <li>By signing here, I agree to adhere to the standards and policies published in the BSB catalog.</li> <li>Applicant's Signature:</li></ul>	
	ONLY FOR G	U 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 <u>studentservices@globaluniversity.edu</u> or if email is unavailable, mail to the address above.

Please clearly print all information.				
Student ID:	Name:			
Date of birth:		Last/Family		
DD/MM/YYYY				
Email:	First/Given	Middle		
Phone:	Address'			
	City	State/Province		
	Postal code	Country		
<ul> <li>I authorize Global University to release all academic and finat the following (select all that apply):</li> <li>Specified individual (spouse, parent, chaplain, pastor, etc.)</li> </ul>	-	, .,,		
Name of individual:	·			
Relationship to student:				
GU Network Office				
Name of GU network office		GU network office code		
GU ne	twork office email address			
This authorization is in affect until such a time that I contact (	Clabel University in Opringfield Misso			
This authorization is in effect until such a time that I contact (		•		

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