



Office Use Only
Student No.
Office Code
Fee Paid

Instructions: Please print or type ALL information on this form. You may refrain from answering any questions you feel would betray your confidentiality; however, the more we know about you, the better we can serve you.

Status: [] New applicant [] Reactivating student
Have you previously enrolled as a BSB student? [] Yes [] No
Have you ever studied through another Global University National Office? [] Yes [] No
(If yes to the above) Former Student No: Former Enrollment Office:

Social Security No. (USA Citizen):
Last/Family Name: Home Address:
First/Given Name:
Middle Name:
Maiden Name: Country:
Primary Phone:
Other Phone: E-mail:

Title: [] Mr. [] Ms. [] Mrs. [] Rev. [] Dr. Date of Birth: / /
Marital Status: [] Single [] Married [] Widowed [] Divorced
Gender: [] Male [] Female
Country of Citizenship:
Primary Language Spoken:
I will be using USA VA military benefits. [] Yes [] No
Primary Religious Affiliation:
[] Assemblies of God [] Other Pentecostal
[] Protestant [] Roman Catholic
[] Other (specify):

Academic Information

Highest Education completed (i.e., Secondary/High School or Postsecondary):

List any postsecondary institutions you have attended (i.e., trade school, Bible college, or university):

Table with 5 columns: Institution, Dates Attended, Major, Certificate/Diploma/Degree, Sending Official* Transcript. Includes checkboxes for Yes/No.

*Official indicates a copy that is sent by the school or institution directly to Global University.

Required Documentation: A copy of your high school diploma 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:



Permission to Release Records

Please clearly print all information. This form is required for all students who desire to be represented by a National Office or other persons. Submit signed form with application or send to Global University Student Services by mail, fax, or scanned e-mail attachment (studentservices@globaluniversity.edu).

Student ID No: _____ Date of Birth: _____
(Example: 05-JUL-2013)

Student E-mail: _____ Student Phone No: _____

Student Name:

First / Given Middle Last / Family

Student Mailing Address:

PO 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)**:

National Office

Name of National Office

Office Code

National Office E-mail Address

Specified individual (spouse, parent, chaplain, etc.)

Name of individual(s): _____

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: _____