



UNDERGRADUATE SCHOOL OF BIBLE AND THEOLOGY

1211 S. Glenstone Avenue, Springfield, MO 65804 USA

Telephone: 1-800-443-1083 USA; 417-862-9533 Outside USA • Fax: 417-862-0863 • Email: studentinfo@globaluniversity.edu

2021 Undergraduate Application (International)

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

Student Information

- Status: New applicant Reactivating student
- I have previously enrolled as a BSB student.
- I have previously studied with another Global University network office.
Former student number: _____
Former enrollment office: _____

Student Name: _____
Last/Family

First/Given Middle Maiden

Address: _____
City *Country*

Primary Phone: _____

Other Phone: _____

Email: _____

Date of Birth: ____/____/____ Male Female
DD MM YYYY

Title: Mr. Mrs. Ms. Rev. Dr.

Marital Status: Single Married Widowed Divorced

Country of Citizenship: _____

Primary Language: _____

Language of Study: _____

Primary Religious Affiliation

- Assemblies of God Other Pentecostal
- Protestant Roman Catholic
- Other (specify): _____

Academic Information

Highest Education Completed (e.g., secondary/high school, post-secondary): _____

List any post-secondary institutions you have attended (e.g., trade school, Bible college, 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 high school transcript or equivalent proof of graduation must be submitted.

Ministry Affiliation

I have ministerial credentials with:

- The Assemblies of God
- Other (please specify): _____

Country: _____

District: _____

Level of credential: _____

Date Obtained: ____/____/____
DD MM YYYY



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Permission to Release Records (International)

This form is required for all students who desire to be represented by a Global University network office or other persons. Submit your signed authorization with your application or send to Global University Student Services by mail, fax, or scanned email attachment (studentservices@globaluniversity.edu).

Please clearly print all information.

Student ID number: _____

Date of Birth: ____/____/____
 DD MM YYYY

Email: _____

Phone: _____

Student 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 courses to be ordered by the following (select all that apply):

Global University 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: _____