



BEREAN SCHOOL OF THE BIBLE APPLICATION (non-degree studies)

Instructions: Please print or type ALL information on this form. You may refrain from answering any questions which you feel would betray your confidentiality, but the more we know about you the better we can serve you. Please return completed form to your local enrollment office. Your National Director will forward your signed form to the international office in Springfield, Missouri.

Status: New Applicant Former Student Number (if former student): _____

Last/Family Name: _____ Home Address: _____

First/Given Name: _____

Middle Name: _____ Country: _____

Maiden Name: _____ E-mail: _____

Primary Phone: _____ Other Phone: _____

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 Year
(Example: 05 / JAN / 87)
 Other Pentecostal Protestant Catholic
 Other (Specify) _____

PROGRAM OF STUDY

(Please select only one)

Ministerial Studies: Level 1 (Certified) Level 2 (Licensed) Level 3 (Ordained)

Other BSB Programs: Bible and Doctrine Christian Service 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, not college credits and that it is my responsibility to verify the applicability of BSB 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.

Appropriate application fee is included (refer to fee schedule). The application fee is non-refundable five business days after this form is received by Global University.

Date: ____ / ____ / ____
DD Month Year Applicant's Signature: _____

Print Full Name: _____

If Paying by Credit Card: Card Type: _____ Name on Card: _____

Card No. _____ Expiry: ____ / ____ Signature: _____

FOR REGIONAL/NATIONAL OFFICE USE ONLY

BSB IntlApplication - EN 20111103

Date: ____ / ____ / ____
DD Month YY I recommend this student for the institute-level program he or she has indicated.

National Office Code: _____ Director's Signature: _____

FOR INTERNATIONAL OFFICE USE ONLY

Date: ____ / ____ / ____
DD Month YY I recommend this student for the institute-level program he or she has indicated.

Global University Registrar's Signature: _____