



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.

ID/Passport _____

I want Europass Supplement

Status: New Applicant Former Student

Student No. (former student): _____

Student Name: _____

Maiden Name: _____

Home Address: _____

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

E-mail: _____

Country: _____

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

Other Pentecostal Protestant Catholic

(Example: 05 / JAN / 87)

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 agree that it is my responsibility to verify the applicability of BSB courses toward my educational goals and I understand that Ministerial credentials are not issued by Global University.
I agree to the regulations governing the study program set forth by the Berean School of the Bible (BSB) catalog under which I am applying and understand that my completion of this study program does not guarantee my acceptance for any position by any church or organization.
I understand e-mail is considered a primary method for communication and is intended to meet the academic and administrative needs of the University. I agree to monitor my Global University student e-mail account on a regular basis.

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: _____

FOR REGIONAL/NATIONAL OFFICE USE ONLY

BSB IntlApplication - EN 20091119

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: _____