SCHOOL FOR EVANGELISM AND DISCIPLESHIP
(Application for Non-Degree Studies)

Instructions: Please print or type ALL information on this form. You may refrain from answering any questions that you feel would betray confidentiality. Please return completed form to your local enrollment office. Your National Director will forward your signed form to the international office in Springfield, Missouri, USA.

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

Last/Family Name_____ Home Address: _____

First/Given Name:_____ _____

Middle Name: _____ _____

Maiden Name:_____ Country: _____

Primary Phone: _____

Other Phone: _____ E-mail: _____

Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Rev Country of Citizenship: _____

Primary Language Spoken: _____

Primary Religious Affiliation: ☐ Assemblies of God

Date of Birth: _____ / _____ / _____
DD Month Year
(Example: 05 / JAN / 87)

☐ Protestant ☐ Catholic

☐ Other (Specify)_____

PROGRAM OF STUDY
(Please select only one)

☐ **Evangelism Courses** ☐ **Christian Life Series** ☐ **Christian Service Diploma**

- **I understand that Ministerial credentials are <u>not</u> issued by Global University.**
- I understand that the School for Evangelism and Discipleship 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 SED 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 SED catalog.

Appropriate application fee is included.The application fee is non-refundable five business days after this form is received by a recognized office of Global University.

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

Print Full Name: _____

FOR REGIONAL/NATIONAL OFFICE USE ONLY SED IntlApplication - EN 2014

Date: _____ / _____ / _____ I recommend this student for the institute-level program indicated.
DD Month YY

National Office Code: _____ Director's Signature: _____

FOR INTERNATIONAL OFFICE USE ONLY

Date: _____ / _____ / _____ I recommend this student for the institute-level program indicated.
DD Month YY

Global University Registrar's Signature: _____

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