



Beulah Heights University

Developing Global Leaders Through Christ-Centered Education

892 Berne St. SE ~ P.O. Box 18145 ~ Atlanta, GA 30316 ~
(404) 627-2681 ~ 1-888-777-2422 ~ FAX (404) 627-0702 ~ www.beulah.edu

APPLICATION FOR THE ENGLISH AS A SECOND LANGUAGE PROGRAM

PROPOSED DATE OF ENTRY: Fall Spring Summer

PERSONAL INFORMATION

LEGAL NAME: _____ GENDER: Male Female
First Middle Last (Maiden/Other)

ADDRESS: _____
Number/Street/Apt # City State Zip

Home Phone # Work Phone # Cell Phone #

SOCIAL SECURITY NUMBER: _____ E-MAIL: _____

PLACE OF BIRTH: _____
City of Birth State of Birth Country of Birth

BIRTH DATE: ____/____/____ HEIGHT: _____ WEIGHT: _____ MARITAL STATUS: Single Separated Married Divorced Widowed
MM DD YYYY

ETHNICITY (Please choose one or more options according to your ethnic background): Are you Hispanic or Latino: Yes No
 Nonresident Alien White Non-Hispanic Black non-Hispanic
 Hispanic Asian/Pacific Islander American Indian/ Alaska Native

EMERGENCY CONTACT: Name: _____ Relationship: _____ Contact Number _____

FINANCIAL INFORMATION (check which applies): Federal Financial Aid Scholarship GI Bill Self pay

IS THIS YOUR FIRST TIME ATTENDING COLLEGE: Yes No HOUSING PLANS: Will you need single campus housing? Yes No

HOW DID YOU HEAR ABOUT US? Google Social Media Friend/Family Church Visit Event Booth Pastor Brochure/Flyer Other Church/Event (Please specify) _____ For Referral promotion, please include name and student ID of the referring student: _____

INTERNATIONAL STUDENTS ONLY:

Please specify international address: _____
Address: _____ Number/Street/Apt# _____ City _____
State/Province _____ Zip _____ Country _____
Country of Citizenship _____ Country of Birth _____ Primary Language _____

If you currently have a visa, please specify type: _____ Are you English proficient: Yes No

Do you have F2 dependents that will accompany you during your time of study? Yes No If yes, please specify how many: _____

EDUCATIONAL INFORMATION:

High School or GED _____
Name City State Date of Graduation

College or University _____
Name City State Degree Date

ADMISSIONS APPLICATION REQUIREMENTS (All Admissions Application documents can be found online at www.beulah.edu/applynow). To be considered for admission into Beulah Heights University, with this application you need to submit the following:

- \$50.00 Application Fee
- Affidavit of Financial Support
- Health Record form completed
- Bank statements (*past 3 months*)
- Deposit \$500 (*non-refundable*) credited to first semester enrollment
- Original I-20 (*copies of dependent documents, if applicable*)
- Passport / VISA copy (*copies of dependent documents, if applicable*)

CODE OF CONDUCT: Is required to be signed by the faculty, administration, staff as well as students at Beulah Heights University. A copy has been provided within the application. Please sign below if you have read and agree to the standards set forth by the Code of Conduct.

Signature

Date

APPLICATION AND PLEDGE:

I hereby make application to Beulah Heights University. I recognize that Beulah Heights University is a private institution under the control of Board of Trustees and such officers as they shall authorize, and that admission is a privilege and continuance therein is conditioned entirely upon the consent of the authorities of the institution. I hereby pledge my word of honor that if my application is accepted, I will conform to the regulations of the college so long as I am connected with it as a student. I accept this pledge that I have signed as sufficient notification that I shall forfeit my standing as a student if I violate the pledge now taken.

In order to be valid, this application must be signed:

Signature

Date

