



# Beulah Heights University

Developing Global Leaders Through Christ-Centered Education

892 Berne St. SE ~ Atlanta, GA 30316

(404) 627-2681 ~ 1-888-777-2422 ~ FAX (404) 627-0702 ~ [www.beulah.edu](http://www.beulah.edu)

## APPLICATION FOR ADMISSION TO THE MASTER OF BUSINESS ADMINISTRATION PROGRAM

PROPOSED DATE OF ENTRY:  Fall Cohort  Spring Cohort  Summer Cohort

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

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: \_\_\_\_\_

### EDUCATIONAL INFORMATION:

College or University \_\_\_\_\_  
Name City State Graduation Date  
College or University \_\_\_\_\_  
Name City State Graduation Date

TESTING INFORMATION:  
 GMAT (Graduate Management Admissions Test) Date Taken \_\_\_/\_\_\_/\_\_\_ Score Given \_\_\_\_\_  
 GRE (Graduate Records Exam) Date Taken \_\_\_/\_\_\_/\_\_\_ Score Given \_\_\_\_\_  
 MAT (Miller Analogies Test) Date Taken \_\_\_/\_\_\_/\_\_\_ Score Given \_\_\_\_\_

### 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: \_\_\_\_\_

**ADMISSIONS APPLICATION REQUIREMENTS** (All Admissions Application documents can be found online at [www.beulah.edu/applynow](http://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
- Three (3) Professional References Forms
- Statement of Professional Goals (250 Words)
- Current Resume
- Official Test Scores
- Bachelor Degree (Official) Transcript **\*\* You must submit Official Transcript(s) in order to be considered for admission into BHU**

**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

**STATEMENT OF FAITH:** 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



**RELIGIOUS INFORMATION**

Do you consider yourself to be a Christian? [ ] Yes [ ] No If yes, how long? \_\_\_\_\_ Are you a member of a Church? [ ] Yes [ ] No

Name of Church: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Church Phone # \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Are you ordained [ ] Yes [ ] No Are you Licensed? Yes [ ] No [ ] Date and State Issued: \_\_\_\_\_

Denomination or church issuing above credentials: \_\_\_\_\_