



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 ADMISSION TO THE GRADUATE PROGRAM

Application Fee \$35.00

PROPOSED DATE OF ENTRY: Fall Spring Summer **PROGRAM OPTIONS:** Campus Both (Campus & Online)

CAMPUS LOCATION: Atlanta Campus Marietta Campus (Portuguese Only) Albany Campus Columbus Campus

DEGREE: Master of Arts

MAJOR: Leadership Studies Religious Studies

DEGREE: Master of Divinity

MAJOR: Divinity (90 hours) Master of Divinity with Concentration in Leadership (102 Hours)

Master of Divinity with Concentration in Chaplaincy (90 hours)

GRADUATE CERTIFICATE: Chaplaincy (18 hours)

Non-profit Certificate in Management (18 hours)

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 #

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

Social Security Number _____ E-mail (Current): _____

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

INTERNATIONAL STUDENT ONLY:

Address: _____ Number/Street/Apt# _____ City _____

State/Province _____ Zip _____ County _____

Country of Citizenship _____ Country of Birth _____ Primary Language _____

If you are a permanent resident, please list USCIS# _____ specify type of Visa: _____

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

EDUCATIONAL INFORMATION:

College or University _____
 Name City State Graduation 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:

- \$35.00 Application Fee
- Pastor/Church Reference Form
- Personal Reference Form
- Bachelor Degree (Official) Transcript **** You must submit Official Transcript(s) in order to be considered for admission into BHU****
- BHU Survey

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: _____