



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

APPLICATION FOR ADMISSION TO THE DOCTOR OF MINISTRY PROGRAM

PROPOSED DATE OF ENTRY: Fall Cohort Spring Cohort Summer Cohort

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

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: _____

ACADEMIC RECORD:

Beginning with the most recent, list all, colleges/universities you have attended as well as your cumulative GPA.

Name of School	City/State	Date Attended	Graduation	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATIONAL INFORMATION:

College or University _____	_____	_____	_____
Name	City	State	Graduation Date
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:

- \$100.00 Application Fee
- One (1) Personal References
- Research-Oriented Writing Sample
- Applicants must have a Master of Divinity degree or an approved equivalent
- Three years of active ministry subsequent to a graduate theological degree
- Official Transcript(s) from ALL postsecondary Institution(s)

**** 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: _____