



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 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). To be considered for admission into Beulah Heights University, with this application you need to submit the following:

- \$50.00 Application Fee
- One (1) Personal Reference Form
- 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: _____