



BEULAH HEIGHTS UNIVERSITY

Developing Global Leaders Through Christ-Centered Education

892 Berne St. SE ~ Atlanta, GA 30316

PHONE: (404) 627-2681 ~ 1-888-777-2422 ~ FAX: (404) 627-0702 ~ www.beulah.edu

APPLICATION FOR ADMISSION TO THE UNDERGRADUATE PROGRAM

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 (Please specify) _____ **For Referral promotion, please include name and student ID of the referring student:** _____

PROGRAM INFORMATION:

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

CAMPUS LOCATION: Atlanta Campus Marietta Campus Gwinnett Campus Albany Campus Columbus Campus Online Campus
 Teaching Site Extension (Please specify: _____)

DEGREE (Select one):
 Associate of Arts in Religious Studies (AAR) Bachelor of Arts in Religious Studies (BAR)
 Associate of Arts in Leadership Studies (AAL) Bachelor of Arts in Leadership Studies (BAL)
 Associate of Business Administration (ABA) Bachelor of Business Administration (BBA)

MINOR (If applicable): Bible & Theology (BAR) Christian Ministry (BAR) Criminal Justice (BAL) Accounting (BBA)

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
- One (1) Personal Reference Form
- Proof of Identification (Ex: Driver's license or identification card)
- High School / GED / Associate of Arts Degree (Official) Transcript

**** You must submit Official Transcript(s) in order to be considered for admission into BHU****

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INTERNATIONAL STUDENTS ONLY:

Please specify international address:

Address: _____	Number/Street/Apt# _____	City _____
State/Province _____	Zip _____	Country _____
Country of Citizenship _____	Country of Birth _____	City of Birth _____

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

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

APPLICATION AND PLEDGE:

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 Statement of Faith.

Signature Date

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 by the applicant:

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: _____