

STUDENT ID #	DATE RECEIVED:	DATE ASSESSED:	ASSESSED BY:	ACADEMIC STANDING:	DEGREE <input type="checkbox"/> AUDIT <input type="checkbox"/>
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Bethlehem Christian University

Student Application

BIBLE INSTITUTE (AUDIT) UNIVERSITY (DEGREE)

PLEASE INDICATE ABOVE YOUR CHOICE OF ENROLLMENT (AUDIT OR DEGREE).
PLEASE PRINT LEGIBLY & ANSWER ALL QUESTIONS. IF A QUESTION DOES NOT APPLY, PLEASE PUT N/A AS YOUR ANSWER.
SIGN & DATE YOUR APPLICATION.
AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU CAUSING A DELAY IN YOUR APPLICATION PROCESS!

PERSONAL INFORMATION

<input type="checkbox"/> MR. <input type="checkbox"/> DR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MISS. <input type="checkbox"/> MISS	FIRST NAME	MI	LAST NAME	<input type="checkbox"/> JR <input type="checkbox"/> SR	MAIDEN NAME IF APPLICABLE
MAILING ADDRESS			CITY	STATE	ZIP
HOME PHONE NUMBER			WORK PHONE NUMBER	MOBILE PHONE NUMBER	
EMAIL ADDRESS			MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	RACE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER	DATE OF BIRTH MM/DD/YYYY
ARE YOU ON FACEBOOK OR ANY OTHER SOCIAL MEDIA? FACEBOOK: Y N OTHER:			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH	
EMERGENCY CONTACT NAME			CONTACT PHONE NUMBER	CONTACT RELATIONSHIP	

CHURCH AFFILIATION & MINISTRY EXPERIENCE

NAME OF THE CHURCH YOU CURRENTLY ATTEND:	ARE YOU ACTIVELY INVOLVED IN YOUR CHURCH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, IN WHAT CAPACITY?	CURRENTLY HELD MINISTRY CREDENTIALS: <input type="checkbox"/> LICENSED <input type="checkbox"/> ORDAINED <input type="checkbox"/> NOT APPLICABLE
PASTOR'S NAME	PASTOR'S PHONE NUMBER	MINISTERIAL ORGANIZATION
CURRENT MINISTERIAL POSITION (CHECK ALL THAT APPLY)		
<input type="checkbox"/> PASTORAL <input type="checkbox"/> ITINERANT TEACHER	<input type="checkbox"/> EVANGELIST <input type="checkbox"/> ADULT SUNDAY SCHOOL	<input type="checkbox"/> LAY MINISTER <input type="checkbox"/> CHILDREN'S MINISTER
<input type="checkbox"/> MUSIC MINISTER <input type="checkbox"/> YOUTH MINISTER		

EDUCATIONAL INFORMATION

HIGH SCHOOL NAME & CITY	START DATE	STOP DATE	STUDY EMPHASIS	DID YOU GRADUATE? DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
SCHOOL NAME	START DATE	STOP DATE	MAJOR	DIPLOMA OR DEGREE EARNED

ALL EDUCATION BACKGROUND MUST BE SUPPORTED AS FOLLOWS:

IF YOU HAVE NOT ATTENDED AN ACCREDITED COLLEGE OR UNIVERSITY, YOU MUST SUBMIT A PHOTO COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED. PLEASE LIST ALL SCHOOLS, INCLUDING BIBLE INSTITUTES & SECULAR COLLEGES OR UNIVERSITIES THAT YOU WOULD LIKE CONSIDERED FOR CREDIT TRANSFER. ORIGINAL, SEALED, OFFICIAL TRANSCRIPTS MUST BE SENT DIRECTLY TO BETHLEHEM CHRISTIAN UNIVERSITY FOR CREDIT TRANSFER TO BE CONSIDERED. TRANSCRIPTS MUST BE RECEIVED WITHIN 30 DAYS OF YOUR APPLICATION.

IT IS YOUR RESPONSIBILITY TO ORDER, PAY FOR, & FOLLOW UP ON RECEIPT OF YOUR TRANSCRIPTS!

SALVATION EXPERIENCE & FUTURE GOALS		
DO YOU HAVE A DENOMINATIONAL AFFILIATION? IF SO, PLEASE LIST.	<input type="checkbox"/> YES <input type="checkbox"/> NO	NON-DENOMINATIONAL <input type="checkbox"/>
PLEASE GIVE A BRIEF TESTIMONY OF YOUR SALVATION EXPERIENCE.		
WHY DO YOU WANT TO ATTEND BETHLEHEM CHRISTIAN UNIVERSITY?		

NON-DISCRIMINATION POLICY

Bethlehem Christian University does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students of the University.

**STUDENT PRIVACY RIGHTS
PRIVACY RIGHTS OF STUDENTS**

STATUTE 20, UNITED STATES CODE, §1232g and regulations adopted pursuant thereto. The code provides for an institution to establish a category of student information termed "directory information." All information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income information records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the university as have responsibility for working with the student. Such information will not be released to second parties without consent of the student. Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT OF AGREEMENT BEFORE SIGNING

1. I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the University.
2. I indicate by my signature that I have been notified of my rights as recorded by STATUTE 20, UNITED STATES CODE §1232g.
3. I certify by my signature that I agree to abide by the policies of this institution as described in the Student Handbook.
4. I understand that Bethlehem Christian University has not sought U.S. Department of Education recognition at this time nor does the University guarantee the acceptance of academic credit by colleges and universities or other Bible schools.

SIGNATURE

DATE