



# 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](http://www.beulah.edu)

## APPLICATION FOR ADMISSION TO THE PhD IN LEADERSHIP PROGRAM

**Application Fee \$100.00**

PROPOSED DATE OF ENTRY:  Fall Cohort  Spring 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 #

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) HOME COUNTRY:

Address: \_\_\_\_\_  
Number/Street/Apt# City State/Province Zip Country  
Country of Citizenship Country of Birth Primary Language specify type of Visa: \_\_\_\_\_

### 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

**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](http://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
- Three (3) Professional References (*Academic / Pastoral / Professional*)
- A research-oriented writing sample (a paper submitted as part of a master's program)
- TOEFL required for all international students
- 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:**

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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**

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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: \_\_\_\_\_