

BETHEL CHRISTIAN UNIVERSITY

(A Graduate College of Theology and Ministry)



Attach
Student
Photo
Here

OFFICE OF ADMISSIONS

5010 SW 20TH Terrace,
TOPEKA, KS. 66604, USA.
Tel: 1 (785) 246-6478

E-mail: info@bcuks.org
Web-Site: www.bcuks.org

APPLICATION FOR ADMISSION

(\$25.00 Non-Refundable application fee MUST be sent with this application)

Name: _____
Last Middle First

Date of Birth: _____ Are you Born Again? Yes No

Mailing Address: _____
Street

City State Zip Code Country

Telephone No: (____) _____ E-mail address: _____

Marital Status: Married Single Engaged Separated Divorced Re-married Widowed

Social Security #: _____ or National Identification No: _____ (Optional)

Gender: Male Female. Name of Spouse: _____

Educational Background: Name of High School: _____

Graduated/GED Yes No Year Graduated: _____ if not a graduate, show highest year completed:

(9, 10, 11, 12). College or Specialized Training: Yes No List College(s) and type(s) of degree(s) presently

Held with dates: _____

What type(s) of Ministry are you presently involved in? (Be Specific) _____

What are your Ministry goals? _____

How long have you been a Christian? _____ Have you been Baptized by Immersion? Yes No

Name of Church you presently attend on a regular basis: _____

Contact Address: _____

Pastor's Name: _____ Tel: No: (____) _____

Your Present Occupation: _____

Present Employer: _____

Address: _____

Are you a Licensed or an Ordained Minister? Yes No. If yes, list the date and name of the ministry that Licensed or Ordained you with photocopy of certificates attached: _____

Have you ever been (a) placed on academic probation? (b) Suspended? (c) Denied admission? (d) Dismissed/Expelled by any institution before? Yes No (Please tick applicable ones)

To Which program are you seeking admission? (Please tick only one).

Certificate Diploma Advanced Diploma Associate Degree,
 Bachelor Degree, Masters' Degree, Doctorate Degree, Post-Doctorate Degree.

NB: Choose ONE area of concentration:

Biblical Studies Theology Christian Counseling Christian Education Christian Missions
 Divinity Church Administration Religious Education Ministry Christian Administration.

Do you qualify for Advanced Standing Status? Yes No. If yes attach a Christian service Resume:

(Yes or No) Yes No I have attached recommendations for enrollment in this University from my Pastor and my Christian Friend who has known me for more than one year. Yes No.

How and where did you hear about Bethel Christian University by: ___ Magazine, ___ Internet, ___ Conference, ___ Advert ___ Handbill/Poster, ___ Referred by: (name) _____

Have you ever studied by correspondence? Yes No. If Yes give the name of the School: _____

Have you ever been involved in the occult? Yes No. if Yes to what extent: _____

Health Status: ___ Excellent: ___ Generally good: ___ Average: ___ Poor. Major Health problems/Challenges: _____

Have you ever been treated for emotional/mental condition: Yes No. If yes, explain: _____

Do you presently smoke, use narcotic drugs, alcohol, or participate in child molestation, lesbianism, homosexuality, etc.

Yes No if yes explain: _____

DECLARATION

I, _____, hereby declare that, I will obey the rules and regulations of the University and agreed to be bound by the conditions of enrollment set out above. I understand that **NO DEGREE** is awarded until tuition fees are paid in full, and all other academic requirements are met. I understand that BCU reserves the right to deny or revoke the admission of any candidate whose behavior or lifestyle is inconsistent with Biblical principles or with the University's standard code of conducts in the Ministry.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Date Application Received: _____ Admitted: Yes No If No, give reason (s): _____

Pending Suspended Denied admission: Reason (s): _____

Approved Program: _____

Admission Officer's Signature: _____ Date: _____

Admission Number/User's Name: _____

BETHEL CHRISTIAN UNIVERSITY

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PERSONAL FRIEND'S CONFIDENTIAL RECOMMENDATION FORM

TO THE APPLICANT

Please complete the following before forwarding to the appropriate friend.

Name of Applicant: _____

Address: _____

Date: _____ Signature: _____

Telephone: _____ E-mail: _____

This section is to be completed by your FRIEND ONLY.

TO THE PERSONAL FRIEND.

Your comments will be given serious attention and will be regarded as CONFIDENTIAL.

NB: Please mail this form directly to the Office of Admissions, Bethel Christian University, 5010 SW 20th Terrace Topeka KS. 66604. **Or send it as an email attachment to: info@bcuks.org**

1. How long have you known the applicant? _____ Years _____ Months. In what capacity? _____

2. Are you acquainted with the applicant's religious life? _____ Business life? _____ and social life? _____

3. Is he/she saved? _____ please describe the applicant's home life _____

4. Please give what information you can regarding the applicant's church, social and business life. _____

5. Has he/she been active in the church? _____ in what capacity? _____

6. Has he/she any special talents or abilities (be specific) _____

7. Does the applicant respond well to authority? _____

8. Does the applicant work well with others? _____

9. Have you noted any particular personality weaknesses? (Be specific) _____

10. What do you consider to be the applicant's doctrinal peculiarities? _____

11. Have you noted any physical weaknesses or emotional problems that would hinder the applicant in an intensive academic environment? _____

12. Is the applicant's conduct with the opposite sex above reproach? _____
if not, please explain _____

13. Is the applicant living a consistent Christian life? _____ if not, please explain _____

14. Would you recommend that we accept this applicant? Please check one of the following
 Yes No Not Sure Strongly No

Name of Recommender: _____

Church: _____

Address: _____

Date: _____ Signature: _____

Telephone: _____ E-mail: _____

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PASTOR'S CONFIDENTIAL RECOMMENDATION FORM

TO THE APPLICANT

Please complete the following before forwarding to your PASTOR:

Name of Applicant: _____

Address: _____

Date: _____ Signature: _____

Telephone: _____ E-mail: _____

This section is to be completed by your PASTOR ONLY.

TO THE PASTOR.

Your comments will be given serious attention and will be regarded as CONFIDENTIAL.

NB: Please mail this form directly to the Office of Admissions, Bethel Christian University, 5010 SW 20th Terrace Topeka KS. 66604. **Or send it as an email attachment to: info@bcuks.org**

1. How well do you know the applicant? _____
How long do you know him? _____
2. After a personal interview, have you determined that the applicant has received Jesus Christ as his/her personal Savior? Please explain: _____

3. What is the applicant's involvement in your Church? _____

4. In your estimation does the applicant exert a good influence among those of his own age?
Yes No if Yes, how? Please explain if No: _____

5. Are you aware of any personality traits which hinder the applicant in relations with others?
Yes No if Yes, please explain: _____

6. Comment on any special circumstance home conditions, health, etc. Which might prove helpful in considering this applicant's admission to the School.

7. To your knowledge does the applicant use tobacco, alcohol or drugs?
Yes No if Yes, please explain: _____
8. What are the significant strengths and special abilities of the applicant: _____
9. Please tick your choice of recommendation of admission to Bethel Christian University.
 Highly Recommended Recommended with Reservations
 Recommended Not Recommended

* Please indicate the reason(s) for this recommendation: _____

Pastor's Name: _____ Position: _____

Name of Church or Ministry: _____

Address: _____

Date: _____ Signature _____

Telephone: _____ E-mail _____

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APPLICANT'S AUTOBIOGRAPHICAL SKETCH

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

1. Relate briefly your home life (please include interpersonal relationships, your feeling toward authority and Family discipline, Family worship and attitude, Christian living and Service). _____

2. Summarize your school experience (Academic and Extra-Curricular Activities). _____

3. Relate your salvation experience and your Spiritual growth since conversion. _____

4. Summarize your understanding of an involvement in private Bible Study, Prayer, Witness and Fellowship. _____

5. Summarize your Christian Services / Activities. _____

6. State your convictions toward and participation in recreation and amusements, such as theater attendance and dancing. _____

7. State your use of tobacco, alcohol and drugs. If used, indicate if practice has been discontinued, and for how long. If drugs were used, indicate types of drugs. _____

8. Give your reason(s) for wanting to attend or study with Bethel Christian University. _____

9. Share any additional information about yourself that might be helpful to the Admissions Committee.

10. Are you faithful to your financial obligations? _____

11. Do you have the finances for the first Semester? _____

Please explain in details. _____

BRIEFLY WRITE YOUR FUNDAMENTAL BELIEF ABOUT

1. CHRIST: _____

2. SALVATION: _____

3. REPENTANCE: _____

4. WATER BAPTISM: _____

5. HOLY GHOST BAPTISM: _____



WRITE A BRIEF HISTORY OF YOUR CONVERSION AND CALL

Date: _____ Signature _____

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