## **BETHEL CHRISTIAN UNIVERSITY**

(A Graduate College of Theology and Ministry)





OFFICE OF ADMISSIONS 5010 SW 20<sup>TH</sup> Terrace, P. O. Box 4086, TOPEKA, KS. 66604, USA. Tel: 1 (785) 430-4422

E-mail: <u>info@bcuks.org</u>
Website: <u>www.bcuks.org</u>

## **APPLICATION FOR HONORARY DOCTORATE DEGREE**

(\$100.00 Non-Refundable application fee MUST be sent with this application)

(All correspondence by E-mail OR Postal address only)
Fill out this FORM <u>ONLINE</u>, SIGN and SUBMIT or PRINT, SCAN, and E-mail it to the University.

Name:				
First	Middle		Last	
I am 40 years of age or older	Yes No.	Date of Birth:	Are you Born Aga	in? Yes No
Mailing Address: (Street)				
City	State	Zip Code	Country	
Telephone No: ()		E-mail address:		
Marital Status: Married	Single Engaged	Separated	Divorced Re-M	Married Widowed
Gender: Male Female	1/2	e	<u> </u>	
Educational Background: Nam	ne of High School:			
Graduated/GED Yes	No. Year Graduat	ed:	if not a graduate	e, show highest year completed:
(9, 10, 11, 12). College or Sp	ecialized Training: Yes	No.5	List College(s) and t	ype(s) of degree(s) presently
Held with dates:				
What type(s) of Ministry are yo	ou presently involved in?	(Be Specific)		
What are your Ministry goals?				
How long have you been a Ch	ıristian? Ha	ave you been Baptized	by Immersion? Yes	No
Name of Church you presently	/ attend on a regular basis	s:		
Church Contact Address:				
Pastor's Name:				
Pastor's E-mail:			_ Tel #:	
Your Position in the Church:_				
Present Employer:				
Address:				

PASTOR'S RECOMMENDATION
Pastor's Name:
E-mail Address:
Name of Church:
Contact Address:
FRIEND'S RECOMMENDATION
Friend's Name: Tel: No: ()
E-mail Address:
Name of Church:
Contact Address:
Are you a Licensed or an Ordained Minister? Yes No. If yes, list the names, Addresses, and dates of the ministry that Licensed or Ordained you with photocopy of certificates attached:
Attached <b>two</b> recommendations for Honorary Doctorate Degree from my Pastor and my Christian Friend who can verify that I have been involved in full time ministry for at least <b>TEN YEARS.</b> Yes No.
Applicant's Signature — Date
FOR OFFICE USE ONLY
Application Approved: Yes  No. If No, give reason (s):
Approved Degree:       Doctor of Divinity (D.D)       Doctor of Evangelism (E.D)       Doctor of Christian Mission (CM.D)         Doctor of Sacred Literature (SL.D.)       Doctor of Letters (D.Litt.)       Doctor of Humanity (H.D)         Doctor of Church Administration (CA.D)       Doctor of Sacred Music (SM.D)       Doctor of Church Growth (CG.D)
Approving Officer's Signature:Date:Page 2 of 2