

Legal Name _____
FIRST MIDDLE LAST MAIDEN

IF YOUR NAME WILL APPEAR IN ANY OTHER FORM ON TRANSCRIPTS AND DOCUMENTS, ENTER THAT NAME HERE.

Mailing Address _____
NUMBER AND STREET CITY STATE ZIP

Home Phone # (_____) _____ Work Phone # (_____) _____

Cell Phone # (_____) _____ Fax # (_____) _____

Social Security # _____ - _____ - _____ E-Mail Address _____

How soon would you like to begin class? Immediately in 3 Months in 6 Months Next Year Uncertain

- Program: Associates of Arts Bachelor of Business Administration Bachelor of Health Administration
 Bachelor of Arts in Social Services Bachelor of Science in Management
 Master of Business Administration Master of Science in Leadership
 Master of Education/ Concentration: Elementary (4-8) or Secondary (8-12)
 Master of Arts in Teaching / Concentration: Elementary (4-8) or Secondary (8-12) *North Mississippi only*

- Memphis Center for Urban Theological Studies:** Certificate in Biblical Ministry Associate of Arts in Biblical Studies
 Associate of Arts in Christian Ministries Bachelor of Arts in Biblical Ministries
 Bachelor of Arts in Social Services-Christian Ministry

Educational Background: High School Graduate Yes No OR GED? Yes No If yes, where: _____

Name of High School _____ Graduation year _____

List all colleges or universities attended and degrees earned

Institution	Location	Dates	Degree	Hours

Have you taken the following college entrance exams? SAT ACT GMAT MAT GRE Praxis I Praxis II
 If yes, date taken ____/____/____ If yes, have you requested that the score be sent to Belhaven? Yes No

Employment History *(include at least 1 year of full-time employment history)*

Current Employer _____ Position Held _____

Address _____
NUMBER AND STREET CITY STATE ZIP

Check One: Full-time Part-time Length of employment _____

Previous Employers/Addresses	Position	Full-time /Part-time	Length of Employment

Belhaven University—Memphis Campus Application for Admission Continued

I plan to utilize the following resources to cover my educational costs (check all that apply):

- Self-Payment Financial Aid Veterans' Benefits Employer reimbursement (% or amount paid by employer) _____
(contact Director of Student Services
at 901-767-8977 for eligibility guidelines)
- Employer direct payment Other (please specify) _____

For Federal Reporting Purposes:

The following information is optional and does not affect the admission process. It is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. An answer in each category would be appreciated.

Country of Birth _____ Country of Citizenship* _____

County of Residence _____ Date of Birth ____/____/____ Gender: Male Female

Racial/Ethnic: American Indian or Native Alaskan Black or African American Native Hawaiian or Other Pacific Islander
 White Hispanic Asian

Marital Status: Single Married Divorced Widowed

*If not a U.S. citizen, include a copy of your VISA or permanent residency status with your application. A nonrefundable application fee of \$25.00 must accompany this application. This fee covers our evaluation of your transcripts and documents. Make payable to Belhaven University.

Religious Affiliation _____ Church Name _____

Signature:

I attest that all information provided as a part of the application process is accurate and complete.

SIGNATURE

DATE

Application Checklist:

We are excited about your application to Belhaven University. Please note the following key steps that must be completed.

ALL DEGREE PROGRAMS:

- Application
- Application fee (\$25)
- Transcripts *An official transcript form from each college attended must be mailed from the institution attended to Belhaven University. Transcript request forms are provided here and online (please copy if extras are needed). Your admission representative can help you with the process.*

ADDITIONAL REQUIREMENTS

We want you to succeed! Your admission representative will work with you to determine what, if any, additional items may be required to present your application package to the Admission Committee. Applicants may be asked to provide any of the following:

- Resume
- Letters of Recommendation
- GMAT or GRE and/or Praxis I and Praxis II test results
- Personal statements or essays

Once all appropriate information has been submitted your application file will be evaluated by the Admission Committee. Your admission representative will contact you as soon as a decision is made. Once admitted you will be scheduled to start in the next available class.

Notice of Non-Discriminatory Policy as to Students:

Belhaven University does not discriminate in admission of education policies, applications for admission, scholarship and loan programs, or athletic and extracurricular programs. The rights, privileges, programs and activities at Belhaven University are made available to all students who are enrolled regardless of sex, religion, color, national origin, handicap or age.

MAIL TO:
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Memphis, TN 38137

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FAX:
(901) 888-0771

VISIT ONLINE:
memphis.belhaven.edu