Dear Applicant,

We are thankful that you have decided to apply for admission to Bethesda University (BU). Since its founding in 1976, BU has been committed to providing a biblically-centered education, encouraging scholarship, and equipping men and women in the mind and character of Christ that they may impact the world for Jesus Christ.

Students will fulfill a comprehensive foundation in the Bible, which is necessary in developing a life of worship and the ability to think as Christians within their respective disciplines.

The university seeks students who desire an education that integrates their faith to their learning. Additionally, BU reviews applicants whose Christian commitment, academic record(s), and moral character reflect the university’s standards.

To apply for admission:

1. File an Application for Admission. Complete all pages legibly. Specify when you plan to enroll.

2. Include a non-refundable $50 application fee ($100 for international students) payable by check or money order to Bethesda University. Please include the applicant’s name on the check.

3. Request official transcripts from your high school and from every school attended after high school graduation. If enrolled at another college/university at the time the application is filed, be sure to request transcripts of your completed units and your final transcripts upon the completion of the course of study whether it is high school or college. Transcripts must be submitted in a sealed envelope.

4. Submit TWO passport-sized color photos against a white background.

5. Request two recommendation letters (three for Graduate Applicants — forms are supplied). Forms must be addressed to the Office of Admissions. (References should be provided by individuals outside your own family who can attest to your academic ability.)

6. Submit a Christian Experience essay/Personal Statement. (Follow the guidelines given in the application).

7. Submit a diploma copy from the most recent school attended.

8. You must also submit a Medical Examination Clearance report (simple blood & allergy test).

9. International Students must submit an Official Bank Statement, Affidavit of Support, I-20 App Fee ($200), F-2 Dependent Form, and proof of Health Insurance (at the time of registration). In addition to the requirements above, F-1 students who are already in the U.S. must submit a ‘Notice of Intent to Transfer’ form.

The Family Education Rights and Privacy Act (FERPA)
The Family Education Rights and Privacy of 1974 permits enrolled university students access to certain credentials in their files. Bethesda University has long permitted students access to their previous educational records, such as high school transcripts and college transcripts (if the student is a transfer).
## Application Checklist

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Semester</th>
<th>Spring</th>
<th>Fall</th>
<th>20</th>
<th>Major</th>
<th>Athlete</th>
<th>Yes / No</th>
<th>Sport:</th>
<th>Phone</th>
<th>Status</th>
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</table>

### All Applicants

- **APPLICATION FORM**
- **RECOMMENDATION LETTER** (Undergraduate: 2) (Graduate: 3)
- **MEDICAL CLEARANCE**
- **OFFICIAL TRANSCRIPT(S)**
- **DIPLOMA COPY FROM MOST RECENT SCHOOL**
- **PERSONAL ESSAY**
- **2 PASSPORT-SIZED COLOR PHOTOGRAPHS** (WHITE BACKGROUND)
- **NON-REFUNDABLE APP FEE** ($ _____ )

### Additional Documentation for INTERNATIONAL STUDENTS

- **OFFICIAL BANK STATEMENT** ($16,000 minimum AND $5,000 for each additional F-2 dependent)
- **SIGNED AND NOTARIZED AFFIDAVIT OF SUPPORT** (If the bank statement is not the student’s)
- **F-2 DEPENDENT INFO SHEET** (If married)
- **NON-REFUNDABLE I-2O APP FEE** ($ _____ )

### Supplementary Documentation for I-20 (TRANSFER) STUDENTS

- **PREVIOUSLY RECEIVED I-20 COPY STATEMENT**
- **I-20 TRANSFER CLEARANCE REQUEST FORM**

### Documents to be turned in at the time of the Registration

- **COPY OF VISA/PASSPORT/I-94**
- **COPY OF MEDICAL INSURANCE POLICY WITH TABLE OF BENEFITS**

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**Do Not Write in the Space Below - For Office Use Only**

<table>
<thead>
<tr>
<th>Completion</th>
<th>LMS</th>
<th>Application</th>
<th>Admission</th>
<th>Acceptance Letter</th>
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<th>Registrar</th>
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Application for Admission

Please write legibly and complete all sections.

Semester Applying for:  
- Fall 20___  
- Spring 20___  
- Summer 20___  
- Winter 20___  
- Other _________

ACADEMIC DEGREE

Degree Applied For:  
- B.A./B.S.  
- M.A.  
- M.DIV  
- M.B.A  
- D.MIN

Program Applied For:  
- Certificate  
- ESL  
- Audit

Name of Intended Major: ________________________________  
Alternative Major (optional): _______________________________

ACADEMIC INFORMATION

Location:  
- Anaheim Campus  
- Online Degree Program (Distance Learning)  
- LA Campus

Current Status:  
- Exchange Student  
- First-Year Student  
- Transfer Student _________  
- BU Alumni (returning student) _______

PERSONAL INFORMATION

Name (as in passport): ________________________________________________________________________________________

Last or Family Name  
First  
Middle

Other Names Used: __________________________________________  Social Security Number: __________-____-_____

Email: ______________________________________  Date of Birth: _____ / ____ / ______  Gender:  
- Male  
- Female

Home Phone: (______) __________-__________  Cell Phone: (______) __________-__________

Current Address:  
Street Address  
City  
State  
Zip  
Country

Mailing Address:  
Street Address  
City  
State  
Zip  
Country

Birthplace: __________________________________________  Marital Status:  
- Married  
- Single

Name(s) of Parent(s) or Guardian(s) (if unmarried dependent): ______________________________________________________

RESIDENCY/ COUNTRY OF CITIZENSHIP

- U.S. Citizen  
- U.S. Permanent Resident  
- F1 Visa  
- J1 Visa  
- Country of Citizenship ____________  
- Other ____________
ETHNIC IDENTITY

☐ Asian or Pacific Islander  ☐ African American  ☐ Native American  ☐ Latin American  ☐ White  ☐ Other/Unknown

This information will be used for purposes of statistical analysis only; it is not used in the admissions process and will have no bearing on your admission status. Bethesda University does not discriminate on the basis of race, sex, color, age, veteran status, national or ethnic origin, or disability in its admissions policies or in the administration of its college-administered programs and activities.

EDUCATION

High School: ___________________________________________________________________________________________________

Name                                                                 City                             State   Country
Date Attended: ___________________________          Did you graduate?  ☐ Yes  ☐ No

COLLEGES/ UNIVERSITIES

1. ___________________________________________________________________________________________________________

Name                                                                 City                                       State                                                       Country
Date Attended: ___________________________ Major: __________________ Units Earned: ______ Degree Conferred: ____________________

2. ___________________________________________________________________________________________________________

Name                                                                 City                                       State                                                       Country
Date Attended: ___________________________ Major: __________________ Units Earned: ______ Degree Conferred: ____________________

3. ___________________________________________________________________________________________________________

Name                                                                 City                                       State                                                        Country
Date Attended: ___________________________ Major: __________________ Units Earned: ______ Degree Conferred: ____________________

Have you ever been dismissed or placed on academic or disciplinary probation?  ☐ Yes  ☐ No

If yes, explain the circumstances:
__________________________________________________________________________________________________
__________________________________________________________________________________________________

WHY BETHESDA?

Which was the most significant factor influencing your choice to attend Bethesda University? Check one square only.

☐ BU Staff                                                                 ☐ Pastor’s referral
☐ BU Faculty                                                                 ☐ Parent
☐ BU Website                                                                 ☐ Relative
☐ BU Alumni                                                                 ☐ Newspaper Advertisement (which one) _________________
☐ Current BU student/friend  _________________ ☐ Other  _________________

[2]
REFERENCES/ RECOMMENDATIONS

Each applicant is required to have two references (three for graduate applicants) submitted that attests to the student’s ability and character. Please supply the names and addresses of these references. At least one must be from a pastor, teacher, or club/organization leader. Employer references are preferred.

CHRISTIAN COMMITMENT

Bethesda University seeks Christians who are serious about their faith. The following questions, as well as a pastor’s reference, will help us understand your Christian background and how Bethesda University can impact your faith.

Do you consider yourself to be a Christian?  ☐ Yes  ☐ No
Do you regularly attend church?  ☐ Yes  ☐ No  How often? ________________

Name of your church: ___________________________________ Denomination: _______________________________
Address: _____________________________________________________________________________________________
Are you an ordained minister?  ☐ Yes  ☐ No  If yes, with whom do you hold your credentials? ___________________________

CHRISTIAN EXPERIENCE/ PERSONAL ESSAY

Each applicant must attach an essay to this application answering the following questions: 1. Why do you wish to attend BU? 2. If you are a Christian, how did you become a Christian? 3. What do you hope to gain from BU? Graduate students must also include a statement on how they came to accept their call in ministry. Applicants should respond to all questions using at least 500 words. Use 8.5” x 11” (Letter Size or A4) white paper for your personal statement. Write in black ink or type using double-spaced 12-point type in a clear and legible font. Print your name on each page.

AGREEMENT

I certify that all the information provided in my application is complete, factually correct, and honestly presented. I also certify that I am the author of the attached personal statement. I understand that Bethesda University may verify any information I have provided in my application, including my personal statement, and may deny me admission or enrollment if any information is found to be incomplete or inaccurate. If admitted to Bethesda University, I agree to abide by the university regulations and to support the values of the university.

x
Signature of Applicant ____________________________ Date ________________
REFERENCE

☐ Pastor  ☐ Teacher  ☐ Employer

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: __________________________________________________________________________________________________

Last                                       First                                  Middle

Applicant’s Address: _________________________________________ __________________ __________ __________ ________________
Street Address                                                                                              City                      State                  Zip                       Country

To the Applicants: Print your name and address on the lines above and give this form to your pastor, school teacher, employer, or other Christian leaders. Applicants should provide a stamped envelope addressed to the Office of Admissions.

_____________________________  ________________________________
Signature of the Applicant      Date

☐ I choose to waive my right of access to this recommendation.
☐ I choose not to waive my right of access to this recommendation.

The applicant above is applying for admissions into Bethesda University and is asking you to provide a reference letter attesting to the student’s ability and character. BU is an evangelically-oriented university which seeks students who are serious in their commitment to Jesus Christ and who want to gain a college/graduate education. Please answer the following questions that would reflect a fair and accurate portrayal of the student.

1. How long have you known the applicant? _________________________________

2. How well do you know the applicant? (Circle One)           Very well              Well           Casually

3. What is your relationship to the applicant? _________________________________________________

4. Please rate the applicant according to your personal assessment in the following areas by circling the appropriate responses.

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5. To be completed by pastors, other Christian leaders, and teachers.

a. Has the applicant received Jesus Christ as his/her personal Savior?

_____________________________  ________________________________
Signature of the Applicant      Date
b. As far as you know, what has been his/her experience with the Holy Spirit?

_____________________________________________________________________________________________________

c. In what ministries does he/she seem to be effective in reaching others?

_____________________________________________________________________________________________________

d. Do you recognize any special spiritual gifts in the applicant?

_____________________________________________________________________________________________________

e. Describe his/her personal relationships with others.

_____________________________________________________________________________________________________

f. What personality traits, positive and/or negative, are the most noticeable in the applicant?

_____________________________________________________________________________________________________

g. Does the applicant have any doctrinal views which are overemphasized? If yes, please comment.
(Applicable only to students with the intention to pursue a Theology degree).

_____________________________________________________________________________________________________

h. Do you feel that this person would make an acceptable minister of the gospel of Jesus Christ? Why or why not?
(Applicable only to students with the intention to pursue a Theology degree).

_____________________________________________________________________________________________________

6. Further comments you may have in regards to the applicant.

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

7. ☐ I recommend the applicant’s admission into BU.
☐ I do not recommend the applicant’s admission into BU.
☐ I recommend the applicant’s acceptance with this reservation (please state below):

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

SIGNATURE

Name (Please print): _______________________ Position/Occupation: __________________________

Address: ________________________________________________________________________________

Phone: (_______) ____________-______________ Email: ________________________________

Signature _______________________________________________ Date __________________________

Thank you for your help. Reference letters can be submitted to admissions@buc.edu or faxed to (714) 683-1440.
REFERENCE

☐ Pastor  ☐ Teacher  ☐ Employer

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: __________________________________________________________________________________________________

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Applicant’s Address: _________________________________________ __________________ __________ __________ ________________

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_______________________________________________________________  __________________________________
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1. How long have you known the applicant? _________________________________

2. How well do you know the applicant? (Circle One)           Very well              Well           Casually

3. What is your relationship to the applicant? _________________________________________________

4. Please rate the applicant according to your personal assessment in the following areas by circling the appropriate responses.

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d. Do you recognize any special spiritual gifts in the applicant?
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(Applicable only to students with the intention to pursue a Theology degree).
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Last                                       First                                  Middle

Applicant’s Address: _________________________________________ __________________ __________ __________ ________________

Street Address                                                                                              City                      State                  Zip                       Country

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7. ☐ I recommend the applicant’s admission into BU.
    ☐ I do not recommend the applicant’s admission into BU.
    ☐ I recommend the applicant’s acceptance with this reservation (please state below):

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

SIGNATURE

Name (Please print): ________________________________ Position/Occupation: ______________________

Address: ________________________________________________________________________________________

Phone: ( _______ ) ____________-__________________   Email: ____________________________________________

Signature ____________________________________________________   Date ___________________________

Thank you for your help. Reference letters can be submitted to admissions@buc.edu or faxed to (714) 683-1440.
MEDICAL EXAMINATION CLEARANCE FORM

Name: ___________________________________________ Date: ____________________________

Vital Signs: ___________________________________ Pulse: ____________________________

Temperature: ________________________________ Respirations: ______________________

Blood Pressure: ______________________________

Past Medical History: ________________________________________________________________

________________________________________________________________________________

Allergies: __________________________________________________________________________

________________________________________________________________________________

Current Medications: __________________________________________________________________

Review Systems: _____________________________________________________________________

Physical Examination: __________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Physical Recommendations: __________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Any medical history/problems the university should know about:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Name of Examining Physician: ____________________________________________________________

Physician’s Signature: ___________________________________________________________________

Physician’s Address: _____________________________________________________________________

Physician’s Phone Number: __________________________________________________________________

MEDICAL RELEASE: I hereby authorize the release of this medical information for health care purposes to the
appropriate health care providers.

If 18 or older: ____________________________ Date: ____________________________

If under 18: ____________________________ Date: ____________________________