

GATEWAY SCHOOL OF MINISTRY



Name: _____ Address: _____

City: _____ State _____ Zip _____

Phone: _____ E-mail: _____

Birthday ____/____/____ ____ Male ____ Female

Social Security Number

Student ID Number (*Former students only*)

Note: These records are kept confidential. You will receive a student ID number different than your social security number for your protection. However, your SS# is used as verification when checking on grades.

Program of Study

(please check one)

____ Level 1
Certified Minister

____ Level 2
Licensed Minister

____ Level 3
Ordained Minister

REFUND AND CANCELLATION POLICY

An enrollment may be cancelled by an applicant student within five (5) business days. From five (5) business days after enrollment and until nine (9) months from the enrollment date or until the time that the final exam has been received, the school will retain a 20% registration fee. Refunds will be given only on materials that are in resalable condition. No refund will be made after five (5) business days for the New Student Application Fee.

ACADEMIC RELEASE AUTHORIZATION

I authorize **Gateway School of Ministry, Welch, OK** to request academic information from my official student record which is kept with the Berean School of the Bible in Springfield, MO until I contact the school and withdraw the authorization in writing. I understand that Berean School of the Bible offers non-degree courses and that they are calculated in Continuing Education Units, not college credits. I understand e-mail is considered a primary method for communication and is intended to meet the academic and administrative needs of the University. I agree to monitor my Global University e-mail account on a regular basis. My signature below indicates that I have read and agree to the provisions and policies represented in this release authorization.

(Student Signature)

(Date)

ENROLLMENT will be processed upon receipt of this form and full payment.

Tuition:	\$75 per course	\$ _____
	\$25 New Student Fee	\$ _____
	\$20 Late fee	\$ _____ (<i>includes shipping</i>)
	Total Enclosed	\$ _____

Please mail to: 410 W 10th St
Welch, OK 74369