

CORRESPONDENCE STUDENT INFORMATION

REGISTRATION

Submit completed application with course(s) you are ordering marked on the back of this form together with tuition fee to Gateway International Bible Institute at the above address. We accept checks, money orders, Visa, Master Card, Discover Card & Pay Pal.

First time students must also submit completed "Student Application" and "Pastoral Recommendation Form".

TUITION

The cost of each course credit is based on the degree. Example: a 3-credit course at \$70.00 per credit would amount to \$210.00. This price includes course materials less postage. However, some courses may require the purchase of additional books, audio or video media which are available through our office, or can be purchased on line at your local Christian bookstore. Cost to inmates in any penal institution in the continental U.S. is \$35.00 per credit, which includes postage to you.

TRANSFERRING CREDITS

Credits from other colleges can be reviewed for transfer by submitting transcripts(s) to the Dean for evaluation. Transcripts must be certified from the college attended. Return completed question sheets for grading to the college office. Graded work will be returned to you. Answers are to be taken directly from the lesson. "Definitions" asked for must be complete. Points are deducted for incomplete answers.

ONLINE COLLEGE STUDENT INFORMATION

Online college can be accessed by going to the website at www.gibionline.org After registering you will be prompted to contact the administrative office to get a temporary password and then you will be able to view and receive courses that you desire to complete.

TUITION PAYMENT POLICY AGREEMENT

Gateway International Bible Institute is committed to training and equipping this generation of Christians and Ministers in the highest standard of character, integrity and accountability possible for each individual situation.

I, _____ an active enrolled Student of Gateway International Bible Institute do hereby agree to the monthly Tuition Payment of \$ _____. This agreement will remain in effect until my tuition account balance is paid in full. If for any reason, I should become unable to meet this requirement I agree to contact the college administration staff and inform them of my situation. I understand that 30 days delinquent will disqualify me from receiving new college courses. Should my account become 90 days delinquent, I understand Gateway int'l Bible Institute has the right to acquire the assistance of a collection agency to collect all monies owed. I understand that no refunds will be given.

Signature _____ Date _____

POLICES AND PROCEDURES AMENDMENT TO GUIDELINES SET FORTH IN THE CURRENT GIBI CATALOG

1. Tuition Payment for each course is due in full at the time the course is received. Students unable to pay in full are required to commit to a payment plan.
2. Monthly Account Statements will be issued by GIBI. Payments are required on a monthly basis. Courses will not be issued to anyone 30 days delinquent.
3. Tuition Rates for Students are based on the going rate, with the exception of Charter Students or promotional Rates.
4. Promotional Rates will only be instituted according to the terms decided and discussed by the Corporate Board of GIBI,
5. Spouse Discounts will only apply to the spouse of an actively attending student. 90 days of inactivity of the primary student will result in the termination of discount.
6. A Referral Credit Discount will be awarded to any Student's tuition for each new person that enrolls as a student at GIBI.
7. Media Orders are required to be paid for at the time the order is placed.
8. A recent student photo MUST be submitted for each students file. GIBI offers student photos for a fee of \$5.00.
9. Practical Ministry Forms MUST be filled out and signed by your ministry overseer or Senior Pastor prior to licensing or graduation.

I have read and agree to comply with the Polices set forth in this document.

Signature _____ Date _____

CHURCH AFFILIATION /MINISTRY INFORMATION

Name of the church you currently attend: _____

Address: _____

Pastor's Name: _____ Years in attendance: _____

Are you a member? Yes No Do you attend regularly? Yes No Are you currently serving? Yes No

If Yes Please List and describe the ministries and church activities in which you are currently involved.

If you have attended less than one year, name of previous church and the Pastor of that Church:

Please state the reason you left the previous church:

SPIRITUAL BACKGROUND

How long have you been saved?

Less than a year 1 – 5 years 6 – 10 years 11 – 15 years 16 – 20 years 20 plus years

Briefly explain your ministry goals and how you feel GIBI can prepare you. Please use other side of this form if needed.

What degree are you preparing for? Associates Bachelor Master Doctorate

Identify the area(s) of ministry to which you feel God has called you:

Apostolic Teacher – Adults Musician Media – TV Helps

Prophetic Teacher – Youth Praise & Worship Media – Production Administration

Evangelism Teacher – Children Dance Media – Sound Business

Pastor Teacher – Itinerant Drama Media – Graphic Arts Not Sure

Missions – Short Missions – Long Other: _____

Ministerial Resume/Bio: Yes No

What Spiritual Gifts have been identified or confirmed in your life?

EDUCATION HISTORY

High School GED School: _____ Date Graduated: _____

Address: _____

Post Secondary Schools (List in order of attendance)

College/University: _____ City: _____ State: _____

Major/Field of Study: _____ Year Attended/Graduated: _____

College/University: _____ City: _____ State: _____

Major/Field of Study: _____ Year Attended/Graduated: _____

College/University: _____ City: _____ State: _____

Major/Field of Study: _____ Year Attended/Graduated: _____

Please submit your transcripts to the GIBI office so that they can be reviewed for credit. (Review of transcript fee is \$100.00)

PERSONAL REFERENCES

Please list three people other than family members who have known you for a year or more. (We may contact them for additional information)

Name: _____ Relationship: _____

Address: _____

Phone: _____ E-Mail: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ E-Mail: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ E-Mail: _____

EMPLOYMENT HISTORY

Please list your employment history for the past 10 years beginning with your current employer. From/To

Employer: _____ Position: _____ Dates: _____

Employer: _____ Position: _____ Dates: _____

Employer: _____ Position: _____ Dates: _____

Employer: _____ Position: _____ Dates: _____

Employer: _____ Position: _____ Dates: _____

FINANCIAL INFORMATION

Are there any circumstances that would cause you difficulty in paying your tuition? _____

Sponsorship: (complete it if you will be receiving support for school tuition from another person)

Name: _____ Relationship: _____

100% 75% 50% Other: _____

I hereby give authorization to GIBI to provide the above named sponsor any academic and/or financial information related to my school records.

Signature _____ Date: _____

PERSONAL STATEMENTS

CRIMINAL

Have you ever been on or are you currently on probation? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation? Yes No

Have you ever been accused, questioned, or investigated for spousal abuse? Yes No

If you have answered yes to any of these questions, please provide details on the back side of the last page of this form.

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-Mail: _____

SPECIAL ACCOMMODATIONS

Do you have any disabilities that would require special accommodation? Yes No

If you have answered yes to the question, please provide details of what special requirements you will need.

MEDICAL CONSENT

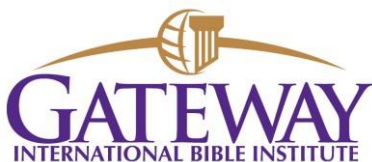
I, the undersigned, do hereby grant full permission for GIBI to render any emergency medical aid and or care that they deem necessary if I am unable to verbalize consent. I also understand that should hospitalization be required; I grant complete permission for such care to be given. This consent I give freely and voluntarily, full knowing and understanding that GIBI is not responsible for any costs related to that care or associated costs.

Full Name: _____ Signature: _____ Date: _____
Please Print

STATEMENT OF TRUTH

I hereby apply to GIBI and certify that to the best of my knowledge the information given in this application is correct. If I am admitted I agree to abide by the regulations and standards of GIBI. I understand that all items submitted to GIBI as part of this application process become the permanent property of GIBI and will not be returned. If GIBI is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.

Full Name: _____ Signature: _____ Date: _____
Please Print



14900 W. Van Buren St
Goodyear, AZ 85338
Phone: 480-323-9831
www.gibionline.org