

Application Options

- Apply online at www.bju.edu/apply
- Or, complete this application and mail or fax to Bob Jones University.

- Legal name:

last (family) first middle maiden (if applicable)

Name usually called: _____ Gender: Male Female

- Date of birth:

month day year

Social Security Number:

_____ - _____ - _____

Country of birth:

Country of citizenship:

- If you are not a United States citizen, but are currently residing in the United States, please indicate your status:

Permanent Resident

Non-immigrant visa: visa type: _____

Other: specify: _____

- Phone numbers:

(_____) _____ home work cell fax pager other

area code number

(_____) _____ home work cell fax pager other

area code number

(_____) _____ home work cell fax pager other

area code number

- E-mail address:

- Current mailing address:

number street

city state zip country

- Indicate your present marital status:

Single

Separated

Divorced and remarried

Married

Divorced

Widow or widower

- Indicate the term you plan to begin your studies:

Fall semester Year _____

Spring semester Year _____

Summer session Specify dates _____

Other Specify _____

- Are you requesting a residence hall reservation? yes no

All undergraduate students under twenty-three years of age must live in the residence halls unless they are married or live nearby with close relatives.

- Indicate the classification you expect to have:
 - Undergraduate (for students who have not yet earned a bachelor's degree)
 - Graduate (for students who have earned a bachelor's degree and who wish to pursue an advanced degree)
 - Postgraduate special (for students who have earned a bachelor's degree and who wish to take courses without pursuing an advanced degree)

- Give the complete name and address of the high school you are now attending or the last one you attended:

name	address
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Type of high school: Public Christian Private Home Other

Date of high school graduation: _____

month	year
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Have you taken the GED Test? yes no

- List all colleges, institutes, professional and technical schools you have ever attended whether or not you received any credit. Use a separate sheet, if necessary.

name	city	state	dates of attendance
name	city	state	dates of attendance
name	city	state	dates of attendance

- Please give the names of references you would like to use for recommendations. *References must be adults who are not related to you and who have known you for at least six months prior to the time of your application.*

Pastor: _____ Phone: () _____

Reference: _____ Phone: () _____

Reference: _____ Phone: () _____

- "I certify that the information given on this application is complete and accurate. I accept financial responsibility for the payment of this account according to the terms stated in the current BJU Catalog, including all costs of collection on any past due charges referred to a collection agency."

Date: _____

Applicant's signature: _____

Be sure to enclose your \$45 application fee.

If you wish to pay your application fee with your credit card, please complete the following.

- Name on card: _____ Account number: _____

Type of card: Visa MasterCard Discover Expiration date: _____

- Mail your completed application and the application fee to the Admissions Department, Bob Jones University, Greenville, SC 29614. Or, you may fax your application to us toll-free. Transmit **both sides** of the completed application to 1-800-2-FAX-BJU. (Outside the United States, fax to 001-864-770-1323.)