SCHOOL OF DIVINITY

GEORGIA CENTRAL UNIVERSITY

6789 Peachtree Industrial Blvd, Atlanta, GA 30360
(P) 678-535-7771
admissions@gcuniv.edu www.gcuniv.edu

INSTRUCTIONS TO ALL APPLICANTS

Please complete all applicable sections for each document.

Submit the following:

- All required Application Documents
- $100 non-refundable Application Fee
- Any additional materials required for each specific program

Request the following:

- Official Transcript(s)
- Certificate of Immunization (Form E)
- Letter(s) of Recommendation

DEGREE PROGRAMS & MAJORS

SCHOOL	DEGREE/PROGRAM
School of Divinity	MA in Christian Education
	MA in MSWC
	Master of Divinity(M.Div.)
	Doctor of Ministry (D.Min.)
	Ph.D in Intercultural Studies

APPLICATION CHECKLIST

- ☐ **Form A-1** Application (attach a color photo) 입학 지원서 (사진 1 매 부착)
- ☐ **Form A-2** A Self-Description & Study Plan (이력 및 자기소개) undergraduate & graduate 학사 및 일반과정 석사
- ☐ **Form A-3** SD Applicant Only – 신대원 지원자용
- ☐ **Form B-1** Letter(s) of Recommendation from the respective teacher, professor, or pastor (교사, 교수, 목사 추천서 – 학사/일반대학원)
- ☐ **Form B-2** Letter of Recommendation from a pastor: SD Applicant Only (목사 추천서: 신학대학원 지원자용) → 2 매
- ☐ **Form C** Release and Assignment
- ☐ **Form D** Biblical Foundation Statement
- ☐ **Form E** Certificate of Immunization
- ☐ **Form F** Assumption of R & L Release
- ☐ **Government-issued Phote ID (US Passport or Driver's License) :** 미국 여권 (시민권자)/면허증 사본
- ☐ **Diploma or GED Certificate (Undergraduate Applicant Only)** 고등학교 졸업장 사본(학부과정 지원자용)
- ☐ **Official Transcript(s)** 성적 증명서
  - **Bachelor** 학사
  - **Master** 석사
- ☐ **Proof of English Proficiency** (TOEFL or GCU ESOL)
- ☐ **$100 Non-Refundable Application Fee**

International Students Only

- ☐ International Passport 여권 사본 & I-94 사본
- ☐ International Application Form I (1-3)
- ☐ The bank statement with a minimum of USD 25,000

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FORM A-1 APPLICATION FOR ADMISSION

A. Application Information

Application Term	Application Type	Admissions	Bachelor's	Office Use Only
☐ Spring ☐ Fall 20_____ ☐ Summer	☐ Freshman ☐ Transfer ☐ International	☐ Undergraduate ☐ Graduate ☐ Certificate	**Check if** ☐ First Degree	Student ID#:_____ Program:

B. Student Information

Full Legal Name (Last, First)	Name in Other Language	Gender	Date of Birth
		☐ M ☐ F	

Nationality*	Current Visa Status	Marital Status	Cell Phone
		☐ Single ☐ Married	

Contact Number in USA	Number in Other than USA	E-mail Address

Current Mailing Address

Place of Birth (City/Country)	First Language	Second Language

C. Emergency Contact

	Full Legal Name	Relationship	Contact Number
Contact 1			
	Note	Mailing Address	
Contact 2	Full Legal Name	Relationship	Contact Number.
	Note	Mailing Address	

D. Educational History					
	Name of HS, College, University	City/Country	Start-End	Major	Earned Degree
High School, College, University					

E. Academic Program	
Master's	Doctoral
☐ Christian Education ☐ Mission Studies ☐ Divinity	☐ Ministry ☐ Ph D. in Intercultural Studies

For students applying for School of Divinity (MACE, MAMSWC, MDIV, DMIN, & PH.D.) complete the followings:

Name of Church		Date of Ordination	
Denomination		Ordained Denomination	
Location		Pastor's Name (Current)	

Applicant's Signature

I certify that all information submitted in the admission process -including the Application, any supplements, and any supporting materials- is my own work, factually true and honestly presented.

Signature

Date

***Georgia Central University does not discriminate** based on race, color, ethnicity, national origin, religion, creed, sex, age, physical disability, learning disability, political affiliation, and veteran status

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FORM A-2 SELF-DESCRIPTION & STUDY PLAN

Self-Descirption & Study Plan (Feel free to attach an additional sheet to answer questions)
1. Self-Introduction (Please explain and describe your aptitudes, hobbies, and philosophy of life) 자기소개서 (성장과정/ 성격 및 장단점)
2. What is your purpose for applying to Georgia Central University? GCU 에 지원하게 된 계기와 그 이유는 무엇입니까?
3. What are your future plans after graduating from Georgia Central University? GCU 를 졸업한 후에는 무엇을 할 계획입니까?
4. What other information do you believe would be helpful to the Board in understanding you better and in considering your application? 학교 이사회에서 지원자를 더 잘 이해하고, 입학을 고려하는데 도움이 될 수 있는 또 다른 정보가 있다면 무엇입니까?

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FORM A-3 VOCATIONAL BACKGROUND & FUTURE RESEARCH PLAN

Master's Program Applicant: Vocational Background

Write a 2-3 page essay about your vocational background, including your salvation experience and call to ministry.

중생의 확신과 목회/사역적 소명을 2-3 페이지 분량으로 에세이를 작성하세요.

D.Min & Ph.D. Applicant: Future Research Plan

Write a 2-3 page research proposal outlining your research topic, motivation, purpose, significance, methodology, and expected content.

연구 제목, 연구 동기, 목적, 필요성, 연구 방법, 그리고 주요 연구 내용을 포함하여 2~3 페이지 분량의 연구 계획서를 작성하십시오.

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FORM B-1 PERSONAL REFERENCES

TO THE APPLICANT

After completing all the relevant questions in the box below, please give this form to a teacher, a professor, or a pastor who has taught or known you for over a year. If applying via mail, please also give him or her stamped envelopes addressed to GCU (6789 Peachtree Industrial Blvd., Atlanta, GA 30360).

Legal Name:_____ Semester:_____
Last, First *Spring/Summer/Fall Year*

Address:_____ Date of Birth:_____
Number of Street City State Zip Code *mm/dd/yyyy*

IMPORTANT PRIVACY NOTE: By signing this form, I authorize the admission officers reviewing my application to contact my reference(s), should they have questions about the school documents submitted on my behalf.

I understand that under the Family Education Rights and Privacy Act (FERPA), after I matriculate, I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless of least one of the following is true:

The institution does not save recommendations post-matriculation (See list at https://studentprivacy.ed.gov/)
You may or may not waive your right-to-access below (mark one box), regardless of the institution to which they are sent:

- ❑ Yes, I do waive my right to access, and I understand I will never see this form, or any other recommendation submitted by me or on my behalf.
- ❑ No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling if that institution saves them after I matriculate.

Required Signature:_____ **Date:** _____

TO THE TEACHER, PROFESSOR, OR PASTOR (SD applicant – to the professor from previous school)

Georgia Central University finds candid evaluations helpful in choosing from highly qualified candidates. Please submit your references promptly and remember to sign below before mailing directly to Georgia Central University Office of the Admissions. Please feel free to attach an additional sheet or another reference to answer the following questions.

Name (Mr./Mrs./Ms./Dr.)_____ **Position:** _____

Address: _____
Number of Street City State Zip Code

Background Information & Questions

1. How long have you known the applicant and in what context? _____
2. What are the first words that come to your mind to describe this applicant?
3. Would you conscientiously recommend this applicant for admission here?

4. Please list the name and address of another person who might give us a competent assessment of this applicant.

_____

Ratings: Please rate the applicants on the following characteristic:

	Low 1	2	Average 3	4	Very High 5
Academic Achievement					
Concern for Others					
Consecration to God's Will					
Integrity					
Leadership Ability					
Maturity					
Motivation					
Moral Character					
Responsibility					
Respect					
Self Confidence					
OVERALL					

Signature:_____Date: _____

Additional Evaluation: Please write whatever you think is important about this student. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student. We welcome any information that would help us to differentiate this student from others.

Please complete this form and mail to:

The Office of Admissions
Georgia Central University
6789 Peachtree Ind. Blvd.
Atlanta, GA 30360
(P) 678-535-7771

GEORGIA CENTRAL UNIVERSITY

FORM B-2 PERSONAL REFERENCES

School of Divinity Applicant Only: Pastor (신대원 지원자용 – 목회자 추천서)

TO THE APPLICANT

After completing all the relevant questions in the box below, please give this form to a teacher, a professor, or a pastor who has taught or known you for more than one year. If applying via mail, please also give him or her stamped envelopes addressed to GCU (6789 Peachtree Industrial Blvd., Atlanta, GA 30360).

Legal Name:_____ Semester: _____
Last, First *Spring/Summer/Fall Year*

Address:_____ Date of Birth:_____
Number of Street City State Zip Code *mm/dd/yy*

IMPORTANT PRIVACY NOTE: By signing this form, I authorize the admission officers reviewing my application to contact my references, should they have questions about the school documents submitted on my behalf.

I understand that the Family Education Rights and Privacy Act (FERPA), after I matriculate, I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless of least one of the following is true:

1. The institution does not save recommendations post-matriculation (See list at https://studentprivacy.ed.gov/)
2. You may or may not waive your right-to-access below (mark one box), regardless of the institution to which they are sent:

☐ Yes, I do waive my right to access, and I understand I will never see this form, or any other recommendation submitted by me or on my behalf.

☐ No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature: _____ **Date:** _____

TO THE PASTOR

GCU School of Divinity finds candid evaluations helpful in choosing from highly qualified candidates. Please submit your references promptly and remember to sign below before mailing directly to Georgia Central University Office of Admissions. Please feel free to attach an additional sheet or another reference to answer the following questions.

Pastor's Name (Mr./Mrs./Ms./Dr.)_____**Position:**_____

Address: _____
Number of Street City State Zip Code

Denomination:_____ **Name of the Church:**_____

Background Information & Questions

1. How long have you known the applicant? _____
2. Do you feel confident that the applicant has a sense of drive leading into vocational Christian service?
   _____
3. Does the applicant have any personal habits, such as smoking or drinking, which might make him or her uncomfortable with school restrictions on lifestyle?
   _____
4. In what area of Christian work is the applicant now engaged? _____
5. Do you have any knowledge of financial responsibility on the part of this applicant?
   _____

6. Has the applicant ever been divorced, or is he/she married to a person who has been divorced?_____

_____

7. If married, does the applicant's spouse support his/her commitment to the Christian ministry?_____

_____

8. Please indicate any physical, mental, or personality deficiencies._____

_____

9. Would you feel comfortable having this applicant work in your church should the occasion arise?

_____

10. Would you conscientiously recommend the applicant for admission?_____

11. Please list the name and address of another person who might give us a competent assessment of this applicant.

_____

Ratings: Please rate the applicants on the following characteristics:

	Low 1	2	Average 3	4	Very High 5
Academic Achievement					
Concern for Others					
Consecration to God's Will					
Integrity					
Leadership Ability					
Maturity					
Motivation					
Moral Character					
Responsibility					
Respect					
Self Confidence					
OVERALL					

Signature: _____ Date: _____

Additional Evaluation: Please write whatever you think is important about this student. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student. We welcome any information that would help us to differentiate this student from others.

Please complete this form and mail it to:

The Office of Admissions
Georgia Central University
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GEORGIA
CENTRAL UNIVERSITY

FORM C - RELEASE AND ASSIGNMENT

To: GEORGIA CENTRAL UNIVERSITY

Georgia Central University (herein called GCU) and/or its authorized employees, representatives or agents may perform audio/video recordings and take photographs of me from my registration and enrollment until my graduation or the termination of my student status at GCU. With respect to all such images and recordings, and reproductions of same in any medium, including the World Wide Web for valuable consideration, I hereby irrevocably:

(a) Consent to and authorize their use by GCU, or anyone authorized by GCU, for reproduction, distribution, sales and exhibition and in any medium including, but not limited to the sale publication, display and exhibition thereof for educational purposes, promotion, advertising, and trade without any compensation or notice to me.

(b) Consent to the use of my name, and

(c) Grant and assign to GCU the right to secure copyright reproductions of same in any medium

(d) Release, discharge and acquit GCU from any claims, demands or causes of actions that I hereinafter have against GCU by reason of anything contained in such images, recordings and reproductions thereof or in the advertising or publicizing thereof.

This release shall apply to GCU, as well as GCU's subsidiaries, affiliates, successors and representatives.

Date: _____

Name in Full: _____

Signature: _____

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FORM D - BIBLICAL FOUNDATIONS STATEMENT (Student)

Georgia Central University (GCU) is a Jesus Christ-centered institution of higher learning that is unwavering in its belief that the doctrinal statements are foundational to the educational and spiritual growth of each GCU trustee, faculty, student, and staff member.

- We believe that there is one God, eternally existing in three persons: Father, Son, and Holy Spirit.
- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious atonement through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal and visible return in power and glory.
- We believe that man was created in the image of God, that he was tempted by Satan and fell, and that, because of the exceeding sinfulness of human nature, regeneration by the Holy Spirit is absolutely necessary for salvation.
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and by Whom the church is empowered to carry out Christ's great commission.
- We believe in the bodily resurrection of both the saved and the lost; those who are saved unto the resurrection of life and those who are lost unto the resurrection of damnation.

Note: Each Faculty, Staff, Board member, and Student at GCU shall subscribe over his/her signature to the foregoing Biblical Foundations Statement. GCU has determined that board members, faculty, staff and students only need to re-sign the Biblical Foundations Statement if there are any changes.

AGREEMENT

I have read, understand, and respect the Biblical Foundations Statement of Georgia Central University.

Full Name: _____

Signature: _____

Date: _____

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FORM E - Certificate of Immunization*

STUDENT INFORMATION

Name:_____ Date of Birth: _____

IMMUNIZATION INFORMATION

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE OF POSITIVE LAB EVIDENCE
MMR	/ /	/ /	/ /
Measles	/ /	/ /	/ /
Mumps	/ /	/ /	/ /
Rubella	/ /	/ /	/ /

CERTIFICATION OF HEALTH CARE PROVIDER

Name:_____ Phone: _____

Signature:_____ Date: _____

EXEMPTIONS

- ☐ Request for Religious Exemption: I affirm that immunization required by the Georgia Central University is in conflict with my religious beliefs. I understand I am subject to exclusion and reimbursement of any medical expenses in the event of an outbreak of a disease for which immunization is required.
- ☐ Request for Medical contraindication (Attach Verification by HealthCare Provider)
- ☐ Distance Education (Overseas): I declare that I will be enrolling in only courses offered by Distance Education (outside the USA). I understand that if I register for a course offered on campus, this exemption becomes void, and I will be excluded from class until I provide proof of immunization.

Student Signature_____Date: _____

*Other form(s) of medical document may be acceptable.

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FORM F - Assumption of Risk and Liability Release

After reviewing this form, please fill out all information and place your signature where required, authorizing your participation in the_____program at/through Georgia Central University Inc.

PLEASE **PRINT**

Student's Name: _____

Address: _____

City/State:_____ Zip Code_____

Home Phone:_____ Mobile Phone(s): _____

I,_____, assume the risks of personal injury and/or property damage in participating in the Program of_____("Program") at Georgia Central University Inc. ("GCU"). I understand that any violation of campus rules may result in termination of my attendance in the program and/or judicial charges.

I hereby release any and all rights for claims and damages I may have against GCU now and in the future, its trustees, officers, employees and agents, facilities including faculty, staff members and supervisors, in any manner due to any personal injury or property loss sustained while enrolled or attending Georgia Central University; this includes travel to and from Program's destination(s) and all campuses and/or my participation in the activities associated with Georgia Central University Inc., including any activities I may engage in during my free time while participating in GCU Programs. I will not hold GCU responsible for liability for injury or damages arising from the result of my participation and attendance at Georgia Central University, unless it is due to willful or intentional misconduct or negligence on the part of GCU.

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I acknowledge that Georgia Central University does not offer the opportunity to purchase health coverage from a Health Cooperative or any other Health Coverage Options Policies. for myself or my dependents through my enrollment at Georgia Central University.

Please read and initial the options below indicating your current insurance status and preferences:

_____Student medical insurance coverage information (international students see below)

Insurance company name_____: Policy no._____

_____I hereby permit the staff members coordinating my admission to authorize emergency medical care on my behalf, if necessary, while enrolled at Georgia Central University.

_____I do not wish to enroll myself in any type of medical coverage at this time. I do not want to enroll my spouse or child(ren) for any kind of medical coverage.

_____I am fully qualified to meet the physical and technical requirements necessary to participate in any programs or activities at Georgia Central University. I am at least 18 years old, and I entered into this agreement voluntarily.

FOR INTERNATIONAL STUDENTS
I understand that I must provide proof of health, medical, and/or accident insurance to the Office of Admissions as part of my application to GCU. I understand that, while GCU may provide clerical assistance to students in obtaining insurance, this assistance is only insofar as helping with completion of forms, etc., and that GCU cannot and does not accept responsibility for student insurance, copayments, premium payment or rates, or any other part of students' insurance policies.

Student Signature:_____Date: _____

* * * * * * * * * * * * * * * *

Signature of Parent/Guardian if participant is <u>not</u> at least 18 years old:

Signature:_____Date: _____

Parent's Name(s): _____

Parent's Contact Number(s): _____

Parent's Address: _____

<u>NOTE</u>: If you currently have a condition (i.e., medical, disability or other issues) that will require accommodation to attend Georgia Central University, please contact the Office of Admissions who is(are) handling your admissions process. Some elements may be out of the control of GCU, and therefore, alternative options must be discussed with the faculty/staff members.

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ENROLLMENT AGREEMENT

STUDENT INFORMATION

PLEASE PRINT OR TYPE ❑ New Student ❑ Re-Entry

Student Legal Name: _____
(First) (Middle) (Last)

Student ID: _____ Date of Birth: _____

Home Telephone: _____ Work: _____ Cell: _____

Address: _____ City _____ State _____ Zip _____

Email Address: _____

Emergency Contact: _____ Telephone: _____

Relationship: _____

PROGRAM INFORMATION

Program Name: _____ Program Level: _____

Program Objectives: _____

_____

_____

_____

Term: ❑ Fall 20____ ❑ Spring 20____ ❑ Summer 20____

Program Start Date: _____ Scheduled End Date: _____

❑ Full Time ❑ Part Time ❑ Day ❑ Evening Number of Weeks: _____ Total Clock/Credit Hours: _____

Days Class Meets: ❑ Mon ❑ Tues ❑ Wed ❑ Thurs ❑ Fri ❑ Sat ❑ Sun

Schedule Notes: _____

TUITION INFORMATION[1]

Check the box for the program in which you are enrolling and for the fees associated with that program.

Program		Credit Hours	Tuition per Credit	Fees
Undergraduate Degree Programs				
❑	Associate of Arts in Computer Science (AACS)	65	$400	Application Fee*: ❑ $100 (New students only/non-refundable) ❑ Practice Fee $1000/Semester Enrollment Fee[2]: ❑ $100/course ❑ $200/online course Or ❑ $300/3+ courses ❑ $600/3+ online courses Admissions fee ❑ $1000 Music Facility: ❑ $300 Nursing Enrollment Fee: $600 /semester
❑	Associate of Arts in Martial Arts (AAMA)	65	$400	
❑	Bachelor of Arts in Martial Arts (BAMA)	126	$400	
❑	Bachelor of Arts in Computer Science (BACS)	126	$400	
❑	Bachelor of Arts in Theological Studies (BATS)	126	$350	
❑	Bachelor of Arts in Christian Education (BACE)	126	$350	
❑	Bachelor of Science in Nursing Completion (RN to BSN)	126	$400	

GCU Enrollment Agreement

Program		Credit Hours	Tuition per Credit	Fees
Graduate Degree Programs				
❑	Bachelor of Arts in Business Administration (BABA)	126	$400	
❑	Bachelor of Arts in Music (BAM)	126	$400	
❑	Master of Arts in Christian Education (MACE)	60	$450	Application Fee*: ❑ $100 (New students only/non-refundable) Enrollment Fee[2]: ❑ $100/course ❑ $200/online course Or ❑ $300/3+ courses ❑ $600/3+ online courses ❑ Music Facility $400/Semester ❑ Admissions Fee: $1000 ❑ Practice Fee $1000/Semester
❑	Master of Arts in Mission Studies & World Christianity (MAMSWC)	60	$450	
❑	Master of Divinity (MDIV)	90	$450	
❑	Master of Arts in Martial Arts (MAMA)	60	$450	
❑	Master of Arts in Music (MAM)	48	$450	
❑	Master of Business Administration (MBA)	36	$490	
❑	Master of Science in Computer Science (MSCS)	36	$450	
❑	Master of Science in Nursing (MSN)	36	$500	
Doctoral Degree Programs				
❑	Doctor of Ministry (DMIN)	36	$500	Application Fee*: ❑ $100 (New students only/non-refundable) Enrollment Fee[2]: ❑ $600 (non-refundable) Admissions Fee: ❑ $1000(non-refundable)
❑	Doctor of Musical Arts (DMA)	60	$550	Application Fee*: ❑ $100 (New students only/non-refundable) Enrollment Fee[2]: ❑ $600 (non-refundable) Admissions Fee: ❑ $1,000 (non-refundable) Music Facility: ❑ $500 (non-refundable)
❑	Doctor of Philosophy in Intercultural Studies (PhD)	60	$650	Application Fee*: ❑ $100 (New students only/non-refundable) Enrollment Fee[2]: ❑ $600 (non-refundable) Admissions Fee: ❑ $1,000 (non-refundable)
	Doctor of Philosophy in Business Administration (PHDBA)	60	$700	Application Fee*: ❑ $100 (New students only/non-refundable) Enrollment Fee[2]: ❑ $800 (non-refundable) Admissions Fee: ❑ $1,000 (non-refundable)
Certificate Programs				
❑	Certificate in Theological Studies	40	$300	Application Fee*: ❑ $100 (New students only/non-refundable) Enrollment Fee[2]: ❑ $100/course ❑ $200/online course Or ❑ $300/3+ courses ❑ $600/3+ online courses
Other				
❑	Undergraduate Course Audit	$250/course		Application Fee*: ❑ $100 (New students only/non-refundable) Enrollment Fee[2]: ❑ $100/course Or ❑ $300/3+ courses Admissions Fee: ❑ $1,000 (non-refundable)
❑	Graduate Course Audit	$350/course		
❑	English for Speakers of Other Languages (ESOL)	$1,800/8-week session		
❑	Coffee Certification	$800.00/ per Course, 20 hours		Certificate of CRAK: need another fee, not refundable

Other Fees

Check all the boxes that apply to you and the program you are enrolling in.

ONE-TIME			
❑	Orientation Fee	All new students	$100
❑	Security Tuition Deposit	❑ All AA, BA, MACE, MAMSWC, and MDIV J1 students	$3,000
		❑ All MBA and MAMUS J1students	$5,000
		❑ All Doctoral J1students	$5,000
❑	SEVIS J-1 Application*	All J1 Student applicants	$100
❑	SEVIS I-901 Fee	All J1 Student applicants All F1 student applicants	$220 $350
❑	International Student Fee	All J1 Student applicants	$1,000
❑	Graduation Fee[3]*	❑ All undergraduate & graduate students who complete degree requirements	$500
		❑ All DMIN students who complete degree requirements	$2,000
		❑ All DMA and PhD students who complete the degree requirements	$2,000
MISC			
❑	Late Registration*	Additional administrative charge for registering late	$100
❑	Tuition Installment*	❑ 2-payment plan	$100
		❑ 3-payment plan	$200

❑	Thesis Advisement	All Master students	$600
❑	Thesis Continuation	All Master students	$500
❑	Official Transcript	❑ Administrative fee for regular official transcript requests	$5
		❑ Administrative fee for express official transcript requests	$30
❑	Proposal Guidance	❑ All DMIN students	$1,000
		❑ All DMA & PhD students	$600/1,000
❑	Dissertation Tuition	❑ All DMIN & DMA students (9 units; 1 semester)	$4,500/4,950
		❑ All PhD & PHDBA students (12 units; 1 semester)	$6,600/8,400
❑	Dissertation Advisement	❑ All DMIN and PHD students	$1,000
		❑ All DMA students	$1,500
❑	DMA Comprehensive Exam	❑ All DMA students	$2,000
❑	Continuance	❑ All Doctoral students (per semester until graduation)	$600
		❑ All Doctoral J1 Students (per semester until graduation)	$1,500
❑	Apostille	Per document	$50
❑	Music Facility	All School of Music students	$300(BA) $400(MA) $500(DMA)
❑	Registration	Summer or special sessions	$50
❑	Technology	Summer or special sessions	$50
❑	Student ID Reproduction	Replacement cost of student ID	$20
❑	Insufficient Fund Charge*	Administration fee for a returned payment	$50
❑	Late Payment Interest*	Administration annual interest fee for a late payment	18%
❑	Credit Card Convenience	Administration fee for a payment made with a credit card	3.5%

FOR OFFICE USE ONLY

Determine the total tuition, total fees, and total owed this term, and have the student put his/her initials in each column. **Initials**

TERM: ❑ Fall 20_____ ❑ Spring 20_____ ❑ Summer 20 _____

TOTAL TUITION *(Tuition per credit x total credits the student is enrolled in)*: **$** _____ _____

TOTAL FEES *(Sum of all applicable fees)*: **$** _____ _____

TOTAL CHARGES FOR THIS TERM *(Sum of total tuition and total fees)*: **$** _____ _____

[1] Please make payment payable to "G.C.U." or "Georgia Central University." All tuition and fees are due at the time of registration.

[2] The Enrollment Fee for the certificate/undergraduate/graduate programs, course audits, and ESOL includes 1 Course Registration fee $25, Technology Fee $50, and Institutional Fee $25 OR 3 or more Course Registration fee $75, Technology Fee $150, and Institutional Fee $75. The Enrollment Fee for the Doctor of Ministry program includes a registration fee $100, a Technology Fee $200, and an Institutional Fee $100. The Enrollment Fee for the Doctor of Musical Arts, Registration fee $175, the Technology Fee $250, and the Institutional Fee $155. Doctor of Philosophy programs, Registration fee $125, Technology Fee $250, and Institutional Fee $125.

***The Graduation Fee for undergraduate/graduate programs includes a Cap & Gown fee $140 and a Commencement Ceremony fee $160. The Graduation Fee for the Doctor of Ministry program includes a Dissertation Binding fee $1,000 (10 copies) and a Commencement Ceremony fee $200. The Graduation Fee for the Doctor of Musical Arts and Doctor of Philosophy programs includes a Dissertation Binding fee $1,300 (10 copies) and a Commencement Ceremony fee $200.*

** Application fees, graduation fees, late registration fees, insufficient fund fees, and late payment interests are non-refundable.*

REFUND POLICY

Tuition may be refunded as provided below. To formally withdraw, a student must submit an Official Withdrawal Request Form to the Office of Admissions and a dated and signed Tuition Refund Request Form to the Office of Business Affairs as soon as possible after deciding to withdraw. A student will be issued a refund if the last date of attendance is on or before the date marking the midpoint of the semester or academic session.

A student may receive a refund for overpayment, withdrawal from classes, or dismissal from the University. There is no administrative fee for discontinuing as a student of the University. All refunds are issued within 30 days of the date of withdrawal; however, if overseas delivery is required, actual delivery may take several days beyond this 30-day period.

Refunds are determined based on prorating of tuition and the percentage of a registered program completed at the time of withdrawal, up through 50% of the program. For example, if a student completes 25% of the semester, as calculated on the official Academic Calendar published by GCU, he/she will receive a refund of 75% of the tuition paid. If a student withdraws after completing more than 50% of the registered program, no tuition refund will be issued.

Refunds will be issued for tuition and refundable fees ONLY*. Refunds will not be issued for the following:

- Application fee
- Late registration fee (per class)
- Institutional scholarship funds
- Graduation fees
- Returned check or declined credit card fees
- Late payment fees
- Penalty for non-payment or default payment fee

CANCELLATION POLICY

- All tuition and fees paid, excluding non-refundable fees, must be fully refunded should a cancellation request be made within 72 hours of signing the enrollment agreement.
- The institution that cancels or changes a program of study or course (time or location) in such a way that a student who has started the program or course is unable to continue ensures the following:
  a. Makes arrangements, in a timely manner, to accommodate the needs of each student enrolled in the program; or
  b. Refunds all money paid by the student for the program of study or course if alternative arrangements determined by GNPEC to be equitable to both the institution and the student are not possible.

*NOTE: All monies will be refunded IF AND ONLY IF the student requests a refund within three (30) business days of signing the application paperwork, OR if no paperwork is signed and, prior to classes beginning, the student requests a refund within three (30) business days of making a payment.

A student who believes that a refund has not been calculated correctly may appeal to the Director of Business Affairs and, if need be, to the President.

Contact:
Daniel Kim, Director of Business Affairs
Phone: 678-535-7771
Email: business@gcuniv.edu

Any student who remains dissatisfied after attempting resolution through GCU channels may file a complaint with the Georgia Nonpublic Postsecondary Education Commission:

GNPEC
2082 East Exchange Pl, Ste. 220
Tucker, GA 30084
Phone: 770-414-3300

Complaints must be filed through the GNPEC website at https://gnpec.georgia.gov/student-resources/complaints-against-institution.

ATTENDANCE POLICY

Georgia Central University requires all students to attend all their registered classes, including chapel (Institutional Requirement). Any students missing more than 3 class sessions will be permanently dismissed from the class for that particular semester with a grade of "F." This attendance policy is non-negotiable and is a requirement of the United Immigration Services for international students; university officials are required to terminate any such student's J-1 visa status in any case of failure to attend classes. Three late attendances to any class will be regarded as one absence.

In case of an emergency, a student may submit an official Absence Excusal Form to the faculty member in charge of each of the courses in which the student is enrolled. This form is available at the Office of Academic Affairs and on the GCU website. This form must be completed and signed by the applicant; the decision to grant a recognized absence then relies on the faculty's judgment and on submitted documentation. If the student has official permission from the Office of Student Affairs to be absent due to an emergency situation (including injury, hardship or sickness), the student may miss the class on the stated dates, and such absences will not count towards his/her attendance.

CAREER SERVICE

Georgia Central University cannot guarantee employment.

ACKNOWLEDGEMENT

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities and that the institution's refund policies have been clearly explained to me.

Student Signature	Date
Institutional Representative Signature	Date

Note:
Students must receive a copy of this form, and a copy must be kept in the student's file. This form must be accompanied by a GNPEC Student Disclosure Form.