

**SCHOOL OF BUSINESS ADMINISTRATION**



**GEORGIA**  
CENTRAL UNIVERSITY

6789 Peachtree Industrial Blvd, Atlanta, GA 30360  
(P) 678-535-7771  
[admissions@gcuniv.edu](mailto:admissions@gcuniv.edu) [www.gcuniv.edu](http://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 Business Administration	BA in Business Administration
	Master of Business Administration (MBA)
	Doctor of Philosophy in Business Administration (PHDBA)

**APPLICATION CHECKLIST**

- Form A-1** Application (attach a color photo)  
입학 지원서 (사진 1매 부착)
  - Form A-2** A Self-Description & Study Plan  
(이력 및 자기소개) undergraduate & graduate  
학사 및 일반과정 석사
  - Form B-1** Letter of Recommendation from the respective teacher, professor, or pastor  
(교사, 교수, 목사 추천서 - 학사/일반대학원/PHDBA)
  - Form B-2** Letter of Recommendation from colleague or mentor in the field of business studies -PHDBA only
  - Form B-3** Professional Goal Statement - PHDBA only
  - Form B-4** Academic Purpose Statement - PHDBA only
  - Form C** Release and Assignment
  - Form D** Biblical Foundation Statement
  - Form E** Certificate of Immunization
  - Form F** Assumption of R & L Release
  - Government-issued Photo 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's 학사
    - Master's 석사
    - Doctoral 박사
  - Proof of English Proficiency** (TOEFL or GCU ESOL)
  - Resume** - PHDBA only
  - Academic Sample Research Paper** - PHDBA only
  - Certification of field experience** - PHDBA only
  - \$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



**GEORGIA**  
CENTRAL UNIVERSITY

*School of Business Administration*

**FORM A-1 APPLICATION FOR ADMISSION**

A. Application Information				
Application Term	Application Type	Admissions	Bachelor's	Office Use Only
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <b>20</b> _____ <input type="checkbox"/> Summer	<input type="checkbox"/> Freshman <input type="checkbox"/> Transfer <input type="checkbox"/> International	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Certificate	<b>Check if</b> <input type="checkbox"/> First Degree	Student ID#: _____ Program: _____
B. Student Information				
Full Legal Name (Last, First)		Name in Other Language	Gender	Date of Birth
			<input type="checkbox"/> M <input type="checkbox"/> F	
Nationality*	Current Visa Status	Marital Status	Cell Phone	
		<input type="checkbox"/> Single <input type="checkbox"/> Married		
Contact Number in USA		Number in Other than USA	E-mail Address	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">             ΛΟΓΟΣ           </div>		
Current Mailing Address				
Place of Birth (City/Country)	First Language	Second Language		
C. Emergency Contact				
Contact 1	Full Legal Name	Relationship	Contact Number	
	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**

Bachelor	Master (MBA)	Doctoral (PH. D in BA)
<input type="checkbox"/> BA in Business Administration	<input type="checkbox"/> Finance <input type="checkbox"/> International Business <input type="checkbox"/> Marketing <input type="checkbox"/> Human Resource Management <input type="checkbox"/> Hospitality Industry Business Management <input type="checkbox"/> Service Business Management <input type="checkbox"/> Music Business Management <input type="checkbox"/> Sports Administration Management	<input type="checkbox"/> Finance <input type="checkbox"/> International Business <input type="checkbox"/> Marketing <input type="checkbox"/> Human Resource Management <input type="checkbox"/> Hospitality Industry Business Management <input type="checkbox"/> Service Business Management <input type="checkbox"/> Music Business Management <input type="checkbox"/> Sports Administration Management

**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



**FORM A-2 SELF-DESCRIPTION & STUDY PLAN**

**Self-Description & 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, 입학에 고려하는데 도움이 될 수 있는 또 다른 정보가 있다면 무엇입니까?



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**FORM B-1 ACADEMIC 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: \_\_\_\_\_  
*Last, First*

Semester: \_\_\_\_\_  
*Spring/Summer/Fall Year*

Address: \_\_\_\_\_  
*Number of Street City State Zip Code*

Date of Birth: \_\_\_\_\_  
*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**

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



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*School of Business Administration*

**FORM B-2 PROFESSIONAL REFERENCES**

**FORM B-2 School of Business Administration Applicant Only (PHDBA 지원자용)**

**TO THE APPLICANT**

After completing all the relevant questions in the box below, please give this form to a colleague or mentor in the field of business studies 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: \_\_\_\_\_  
Last, First

Semester: \_\_\_\_\_  
Spring/Summer/Fall Year

Address: \_\_\_\_\_  
Number of Street City State Zip Code

Date of Birth: \_\_\_\_\_  
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 COLLEAGUE OR MENTOR IN THE FIELD OF BUSINESS STUDIES**

GCU School of Business Administration 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

**Background Information & Questions**

1. How long have you known the applicant, and in what capacity? \_\_\_\_\_
2. What are the applicant's most notable strengths in a professional or academic setting, and have they demonstrated ethical judgment or integrity in their work or decision-making?  
\_\_\_\_\_
3. How would you assess the applicant's communication and interpersonal skills in a team or organizational context?  
\_\_\_\_\_

4. Do you believe the applicant has the potential to succeed in a rigorous graduate-level business program? Why or Why not?  
\_\_\_\_\_
5. Please describe any significant professional or academic accomplishments the applicant has achieved in their area of interest.  
\_\_\_\_\_
6. The applicant intends to specialize in (e.g. marketing/ finance/strategy/entrepreneurship). Based on your knowledge, how well has the applicant demonstrated aptitude or interest in this field?  
\_\_\_\_\_
7. Would you recommend this applicant for admission to our graduate business program? Please explain the basis for your recommendation.  
\_\_\_\_\_

**Ratings:** Please rate the applicants on the following characteristics:

	Low 1	2	Average 3	4	Very High 5
Professional 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**  
 6789 Peachtree Ind. Blvd.  
 Atlanta, GA 30360  
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**FORM B-3 Professional Goal Statement (PHDBA ONLY)**

Please complete each section below thoroughly. Your responses will help the admissions committee evaluate your suitability for the PHDBA program. Use additional pages if necessary.

<p>a. Describe how your academic background and professional experience make you a strong candidate for doctoral study. 지금까지의 학업과 직업 경험이 박사과정을 수행하는데 어떻게 도움이 되는지 설명하세요.</p>
<p>b. Describe your specific area of interest and explain how conducting business research will help you accomplish your professional goals. 지원자가 관심있는 연구분야가 무엇인지, 그리고 그 연구를 통해 어떤 목표를 이루려는지 설명하세요.</p>
<p>c. Describe your professional or academic goals after completing the PHDBA program. GCU 에서 PHDBA 과정을 마친 후, 어떤 직업이나 학문적 목표를 추구할 계획인지 설명하세요.</p>



### **FORM B-4 Academic Purpose Statement**

박사학위 취득 목표, 연구 주제 및 관심 분야, 그리고 GCU 에서 학업 목표를 어떻게 달성할 것인지에 대한 내용을 포함한 2 페이지 분량의 에세이를 제출해 주시기 바랍니다.

**Please submit a two-page statement that includes the following:**

1. Your specific goals in pursuing a PhD degree 박사학위 취득 목표
2. Your prospective research topics and areas of interest 연구주제 및 관심분야
3. Your expectations for achieving your academic goals at Georgia Central University (GCU) : GCU 에서의 학업 목표 달성에 대한 기대



**FORM C - RELEASE AND ASSIGNMENT**

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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: \_\_\_\_\_



**GEORGIA  
CENTRAL UNIVERSITY**

*School of Business Administration*

**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: \_\_\_\_\_



**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.



**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.



GEORGIA  
CENTRAL UNIVERSITY

School of Business Administration

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 not at least 18 years old:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's Contact Number(s): \_\_\_\_\_

Parent's Address: \_\_\_\_\_

**NOTE:** 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.



**ENROLLMENT AGREEMENT**

**STUDENT INFORMATION**

<b>PLEASE PRINT OR TYPE</b>	<input type="checkbox"/> New Student	<input type="checkbox"/> Re-Entry
Student Legal Name: _____	(First)	(Middle)
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<sup>1</sup>**

*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
<b>Undergraduate Degree Programs</b>			
<input type="checkbox"/> Associate of Arts in Computer Science (AACS)	65	\$400	Application Fee*: <input type="checkbox"/> \$100 (New students only/non-refundable) <input type="checkbox"/> Practice Fee \$1000/Semester Enrollment Fee <sup>2</sup> : <input type="checkbox"/> \$100/course <input type="checkbox"/> \$200/online course Or <input type="checkbox"/> \$300/3+ courses <input type="checkbox"/> \$600/3+ online courses Admissions fee <input type="checkbox"/> \$1000 Music Facility: <input type="checkbox"/> \$300
<input type="checkbox"/> Associate of Arts in Martial Arts (AAMA)	65	\$400	
<input type="checkbox"/> Bachelor of Arts in Martial Arts (BAMA)	126	\$400	
<input type="checkbox"/> Bachelor of Arts in Computer Science (BACS)	126	\$400	
<input type="checkbox"/> Bachelor of Arts in Theological Studies (BATS)	126	\$350	
<input type="checkbox"/> Bachelor of Arts in Christian Education (BACE)	126	\$350	

GCU Enrollment Agreement

Program		Credit Hours	Tuition per Credit	Fees
<b>Graduate Degree Programs</b>				
<input type="checkbox"/>	Bachelor of Arts in Business Administration (BABA)	126	\$400	Application Fee*: <input type="checkbox"/> \$100 (New students only/non-refundable) Enrollment Fee <sup>2</sup> : <input type="checkbox"/> \$100/course <input type="checkbox"/> \$200/online course Or <input type="checkbox"/> \$300/3+ courses <input type="checkbox"/> \$600/3+ online courses  <input type="checkbox"/> Music Facility \$400/Semester <input type="checkbox"/> Admissions Fee: \$1000 <input type="checkbox"/> Practice Fee \$1000/Semester
<input type="checkbox"/>	Bachelor of Arts in Music (BAM)	126	\$400	
<input type="checkbox"/>	Master of Arts in Christian Education (MACE)	60	\$450	
<input type="checkbox"/>	Master of Arts in Mission Studies & World Christianity (MAMSWC)	60	\$450	
<input type="checkbox"/>	Master of Divinity (MDIV)	90	\$450	
<input type="checkbox"/>	Master of Arts in Martial Arts (MAMA)	60	\$450	
<input type="checkbox"/>	Master of Arts in Music (MAM)	48	\$450	
<input type="checkbox"/>	Master of Business Administration (MBA)	36	\$490	
<b>Doctoral Degree Programs</b>				
<input type="checkbox"/>	Doctor of Ministry (DMIN)	36	\$500	Application Fee*: <input type="checkbox"/> \$100 (New students only/non-refundable) Enrollment Fee <sup>2</sup> : <input type="checkbox"/> \$600 (non-refundable) Admissions Fee: <input type="checkbox"/> \$1000(non-refundable)
<input type="checkbox"/>	Doctor of Musical Arts (DMA)	60	\$550	Application Fee*: <input type="checkbox"/> \$100 (New students only/non-refundable) Enrollment Fee <sup>2</sup> : <input type="checkbox"/> \$600 (non-refundable) Admissions Fee: <input type="checkbox"/> \$1,000 (non-refundable) Music Facility: <input type="checkbox"/> \$500 (non-refundable)
<input type="checkbox"/>	Doctor of Philosophy in Intercultural Studies (PhD)	60	\$650	Application Fee*: <input type="checkbox"/> \$100 (New students only/non-refundable) Enrollment Fee <sup>2</sup> : <input type="checkbox"/> \$600 (non-refundable) Admissions Fee: <input type="checkbox"/> \$1,000 (non-refundable)
<input type="checkbox"/>	Doctor of Philosophy in Business Administration (PHDBA)	60	\$700	Application Fee*: <input type="checkbox"/> \$100 (New students only/non-refundable) Enrollment Fee <sup>2</sup> : <input type="checkbox"/> \$800 (non-refundable) Admissions Fee: <input type="checkbox"/> \$1,000 (non-refundable)
<b>Certificate Programs</b>				
<input type="checkbox"/>	Certificate in Theological Studies	25	\$100	Application Fee*: <input type="checkbox"/> \$100 (New students only/non-refundable) Enrollment Fee <sup>2</sup> : <input type="checkbox"/> \$100/course <input type="checkbox"/> \$200/online course Or <input type="checkbox"/> \$300/3+ courses <input type="checkbox"/> \$600/3+ online courses
<b>Other</b>				
<input type="checkbox"/>	Undergraduate Course Audit		\$250/course	Application Fee*: <input type="checkbox"/> \$100 (New students only/non-refundable) Enrollment Fee <sup>2</sup> : <input type="checkbox"/> \$100/course Or <input type="checkbox"/> \$300/3+ courses
<input type="checkbox"/>	Graduate Course Audit		\$350/course	
<input type="checkbox"/>	English for Speakers of Other Languages (ESOL)		\$1,800/8-week session	
<input type="checkbox"/>	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.

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

## GCU Enrollment Agreement

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

### FOR OFFICE USE ONLY

<i>Determine the total tuition, total fees, and total owed this term, and have the student put his/her initials in each column.</i>		<b>Initials</b>
<b>TERM:</b> <input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Spring 20 _____ <input type="checkbox"/> Summer 20 _____		
<b>TOTAL TUITION</b> ( <i>Tuition per credit x total credits the student is enrolled in</i> ):	\$ _____	_____
<b>TOTAL FEES</b> ( <i>Sum of all applicable fees</i> ):	\$ _____	_____
<b>TOTAL CHARGES FOR THIS TERM</b> ( <i>Sum of total tuition and total fees</i> ):	\$ _____	_____

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

<sup>2</sup> 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

## GCU Enrollment Agreement

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](mailto: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.

GCU Enrollment Agreement

**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.**