GRADUATE SCHOOL OF THEOLOGY
BIBLE/THEOLOGY PREREQUISITE
WAIVER EXAM REQUEST FORM

1211 South Glenstone Avenue
Springfield, Missouri 65804 USA

Phone: 1-800-443-1083 (USA), 417-862-9533 (outside USA), option 4
Fax: 417-863-9621; E-mail: gradenroll@globaluniversity.edu

Student Information:

Student Name (please print)__________________________Student Number__________________________Office Code__________________________

Exam Information:
A student may take up to five supervised Bible/theology proficiency exams. For each exam the student passes with a minimum grade of 80 percent, three credits of required undergraduate Bible/theology prerequisite studies will be waived for a maximum waiver of 15 credits. This waiver of required credits does not entitle the student to undergraduate credit. Four of the exams are objective and consist of 100 questions each. The other exam has 40 objective questions and one essay question.

Check the Bible/theology proficiency exam(s) you would like to take within the next 30 days:

- [ ] PRE5010 Prerequisite Waiver Exam for Old Testament Survey @ $50 exam fee
- [ ] PRE5020 Prerequisite Waiver Exam for New Testament Survey @ $50 exam fee
- [ ] PRE5030 Prerequisite Waiver Exam for Hermeneutics @ $50 exam fee
- [ ] PRE5040 Prerequisite Waiver Exam for Old Testament Bible Theology @ $50 exam fee
- [ ] PRE5050 Prerequisite Waiver Exam for New Testament Bible Theology @ $50 exam fee

Examination Supervisor Information:
To ensure integrity of all exams, Global University maintains documentation regarding all exam supervisors. An exam will be sent to an exam supervisor only after an Exam Supervisor Application has been processed and the exam supervisor approved. An exam cannot be transferred from one supervisor to another. The exam supervisor you indicate on this form must administer the exam. An Exam Supervisor Application is required for each of your exam supervisors. Please check the appropriate box below:

- [ ] I have enclosed the signed Exam Supervisor Application Form for approval of the exam supervisor whose name is shown below.
- [ ] I plan to use the following exam supervisor who is already approved by Global University:

  Exam supervisor's name:__________________________Supervisor's ID#__________________________

Shipping Information:
Global University requires a minimum of 2 weeks to process an exam request after it arrives in our office. Exams are sent certified mail (3–10 business day delivery) at no charge. If you prefer the exam to be shipped rush delivery, please check the appropriate box below. Shipping fees must be paid before the exam will be sent. Rush delivery is not available to a PO Box # or APO address. Check with exam supervisor before requesting this option. For tracking purposes students who reside outside of the US or US provinces must purchase DHL International shipping.

- [ ] FedEx 2nd Day $35 / [ ] FedEx Next Day $50
- [ ] DHL International $40 charge (required for students who reside outside the USA or its provinces.)

Note: Next Day shipping will ensure delivery within the USA within 48 hours. Global University cannot guarantee arrival within 24 hours.

Payment Information:
- [ ] Credit card no.__________________________Expiration date__________________________
- [ ] Check (USA residents and banks only) no.__________________________or money order in USA dollars

All payments must be in USA dollars. Do not send cash.

Exam Policy Information:
A $10 late fee per exam is automatically billed to the student if an exam is not returned within the time limit indicated on the Exam Instructions. A completed exam must be shipped to Global University by the exam supervisor within 3 days of administering the exam.

My signature below indicates
1. I have read and understand the information and policies herein.
2. I am prepared to take the exam(s) within 30 days.
3. I agree that it is my responsibility to provide Global University with documentation of my choice for an Examination Supervisor and that my exam request will not be processed without this information and approval of the supervisor by Global University.
4. I understand that it is my responsibility to provide the Examination Supervisor with an envelope large enough to return the letter size exam packet(s) without folding and pay for shipment of the exam to Global University.
5. I understand that the Examination Supervisor listed on this form is the only person authorized to administer the final exam.
6. I understand that a $10 late fee per exam will be billed to me if the exam is not returned to Global University by the date indicated on the Exam Instructions.

Signature:____________________________________Date:__________________________

Please return this completed form to the Graduate Representative for Global University’s Graduate School of Theology with payment for your exam fee ($50 per exam ordered) and shipping fee.
NOTE: Only students who are enrolled directly through the International Graduate Studies Center should use this form. Students enrolled through a Graduate Studies Office outside the USA should contact their office for prerequisite information.

Student Information:

Student Name (please print) ____________________________  Student Number ____________________________  Office Code ____________________________

Suggestions for Exam Supervisor:
Qualified exam supervisors could include, but are not limited to, teachers, librarians, school administrators, pastors, or other professionals.

Restrictions include:
1. The exam supervisor cannot be a relative of the student.
2. The exam supervisor cannot reside at the same address as the student.
3. The exam supervisor cannot be a current Global University student at any level.
4. The exam supervisor must be 18 years of age or older.
5. The exam supervisor must be able to monitor the student while the exam is being taken.

Student Verification of Qualifications of Proposed Exam Supervisor:
My signature below indicates that the requested exam supervisor meets all qualifications to serve as my exam supervisor.

Signature: ____________________________  Date: ____________________________

Requested Exam Supervisor (*indicates required information):

*Exam Supervisor name (please print) ____________________________  *Title / Employment ____________________________

*Daytime mailing address (preferably no PO box) ____________________________  *Employer ____________________________

*City, State ____________________________  *Daytime telephone ____________________________

*Zip code, Country ____________________________  E-mail ____________________________

Responsibilities of an Exam Supervisor:
1. Arrange with the student a time and location to administer the exam. Schedule up to 3 hours for the student to complete the exam.
2. Be prepared to accept and sign for the Global University exam packet when the post office delivers it to your daytime address.
3. Keep the confidential exam materials in a secure location and ensure the student does not have access to the exam until time to administer it.
4. Monitor the student at all times during the examination session and allow the student up to 3 hours to complete the exam.
5. Sign, date, and mail the Exam Supervisors Instruction Sheet with each examination. This verifies that all exam procedures were followed and the student did not use inappropriate aids such as notes, study guides, textbooks, dictionaries, etc. Note: The completed exam cannot be processed without this signed document.
6. Return all exam materials within the time limit indicated on the Exam Instructions, or within 3 days of administering the exam.
7. Return exam materials to Global University via a traceable shipping method such as UPS, FedEx, DHL, or certified mail. The student should provide shipping cost and an envelope large enough for the multi-page 8½-x-11-inch exam packet to be returned without folding.

Signature Verification of Exam Supervisor Applicant:
I accept the responsibilities of exam supervisor for the above-noted student. I commit to preserve the integrity of the evaluation process prescribed by Global University and will ensure that all examinations for this student are taken in my presence and in compliance with university standards.

*Exam Supervisor Signature ____________________________  Date ____________________________

Please return this completed application form to the student.

Office Use Only

Date Application Form received ____________________________  Exam Supervisor ID ____________________________

Exam Supervisor approved  □ Yes  □ No  Authorized by ____________________________

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