

Global Vision University

5300 Beach Blvd. Suite 110-214 Buena Park, CA 90621 Tel: 714-393-4595, 949-667-0264

globalvisionuniv@gmail.com <http://globalvision.university>

Winter 2025 Academic Schedule

Dec 8, 2024 – Feb 1, 2025 (8 weeks)

Day	Course Number/Title	Time	Unit	Instructor	Check/Room
Sun	Integral Mission Strategy through Non-Profit Organization	4:00 – 6:30 pm	3(4)	Dr. James Koo	<input type="checkbox"/> B-121 <input type="checkbox"/> Zoom 118
Sun	Gospel of Matthew	7:00 – 8:30 pm	3	Dr. James Koo	<input type="checkbox"/> B-115 <input type="checkbox"/> Streaming
Mon	Computer Basic for Ministry	4:30 – 7:00 pm	3	Prof. Nam Kim	<input type="checkbox"/> B-115 <input type="checkbox"/> Zoom 116
Mon	AI for Ministry and Mission for Image Generation	7:10 – 9:40 pm	3	Dr. James Koo Prof. Nam Kim	<input type="checkbox"/> B-115 <input type="checkbox"/> Zoom 117
Thur	Smartphone Skills for Mission	4:30 – 7:00 pm	3	Dr. James Koo Prof. Esther Yoo	<input type="checkbox"/> B-115 <input type="checkbox"/> Zoom 116
Thur	Mission Perspective for World Christian History	7:10 – 9:40 pm	3(4)	Dr. James Koo	<input type="checkbox"/> B-115 <input type="checkbox"/> Zoom 118
Sat	AI for Ministry and Mission for YouTube and Streaming	10:00 am– 12:30 pm	3	Dr. James Koo Prof. Nam Kim	<input type="checkbox"/> An-Lab <input type="checkbox"/> Zoom 117
Sat	Practice and Hands-on Experience for Media Ministry	8:00 pm– 10:30 pm	3	Prof. Nam Kim	<input type="checkbox"/> Zoom 120
CBE	Holistic Mission Perspective & Practicum		3	Dr. James Koo	<input type="checkbox"/> OBS
CBE	Mission History		3	Dr. James Koo	<input type="checkbox"/> OBS
CBE	Acts of the Apostles (English Track)		3	Dr. James Koo	<input type="checkbox"/> OBS
Thur	The Book of Revelation (Asia Zone)	7:00 – 9:30 pm	3	Prof. Sang Park	<input type="checkbox"/> Zoom 110
Fri	Ecclesiology (Africa Zone)	1:30 – 4:00 pm	3	Prof. Paul Choe	<input type="checkbox"/> Zoom 110
	12/05/2024update				

STUDENT INFORMATION

STUDENT NAME: _____ STUDENT NUMBER: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DEGREE/MAJOR: _____

TUITION & FEE INFORMATION

TOTAL AMOUNT: _____

SCHOLASHIP & DISCOUNT: _____

NET AMOUNT TO PAY: _____

I understand that it is my responsibility to ensure my course choices satisfy to my program and regulations.

Student Signature and Date: _____

School Officer Signature and Date: _____