

## WMU Counseling Class Certificate Program (WCC / WMU 상담 교실 수료증 과정)

그리스도인의 인격성장과 관계회복

성경적 돌봄과 상담의 기술

## Personal Information (인적 사항)

1. Full Legal Name (영어 성명): \_\_\_\_\_  
First Middle Last
2. Name in Korean (한글 성명): \_\_\_\_\_
3. Gender (성별):  Male  Female
4. Address (주소): \_\_\_\_\_  
Street City State Zip Country
5. Phone Number (전화번호): \_\_\_\_\_  
Home Work Mobile
6. E-mail Address (이메일): \_\_\_\_\_

## Emergency Contact (비상 연락처)

7. Name (이름): \_\_\_\_\_ Relationship (관계) : \_\_\_\_\_  
First Middle Last
- Phone Number (전화번호) : \_\_\_\_\_  
Home Work Mobile

## Church Information (출석 교회 사항)

8. Church Name (교회 이름): \_\_\_\_\_

## Title at Church (교회 직분)

9. Ministry (직분/사역 부서/활동): \_\_\_\_\_

Please briefly describe the purpose of the study that you desire to achieve through the program.  
(본 과정을 통해 성취하고자 하는 목적을 간략하게 적어 주십시오.)

I certify that the information I have provided throughout this application is complete and correct.

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