

TRANSFORMATIONAL BIBLICAL EDUCATION

Distance Education

Application for Admission



Admissions Office
(213)388-1000
admissions@wmu.edu
500 Shatto Place #600
Los Angeles, CA 90020

1. Documents Required for All Students (모든 지원자 해당 서류)

1) WMU Forms

- 1 Application / 입학원서 1부
- 1 Testimony / 신앙고백서 1부
- 1 Reference / 봉인된 추천서 1부

2) Non-WMU Forms

- 1 Official Transcript / 봉인된 영문 성적증명서 1부
- 2 Passport Size Photos / 여권용 사진 2매 (5cm x 5cm)

2. Fees (제반 비용)

- Application Fee \$100 (All Students, Non-refundable) / 원서 접수비 (모든 지원자에게 해당, 환불 안됨)

3. Payment Method (지불 방법)

- Credit Cards (Visa, Master, Discover, American Express, JCB, Union Pay, Diners Club, BC Global) / 신용카드
- Check (Make all checks payable to World Mission University) /수표
- Cash / 현금

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

Signature: _____ Date: _____

- 영문 이름 이니셜 표기를 본인 사인으로 간주하는 것에 동의하시면 안에 표시 하십시오.

Please check the appropriate box for the program you are applying for.
(지원하는 과정의 박스에 표시해 주십시오.)

1. Associate of Arts Degree Program (준학사과정)

- Biblical Studies (성서학)
 Christian Counseling (기독교 상담학)

2. Bachelor of Arts Degree Program (학사과정)

- Biblical Studies (성서학)
 Christian Counseling (기독교 상담학)

3. Master's Degree Program (석사과정)

- Master of Divinity (목회학)
 Master of Arts in Theology (신학)
 Master of Arts in Christian Counseling (기독교 상담학)

4. Doctoral Degree Program (박사과정)

- Doctor of Ministry (목회학)

5. Term/Semester (지원하는 학기와 연도를 표시해 주십시오.) *Year: _____

- Fall Semester Spring Semester Winter Term Summer Term

PHOTO

Office Use Only

Student ID # _____

- I-20 F/A DE
 Audit Visiting

- C N R T TC

E-mail: _____
@wmu.edu

Advisor: _____

Personal Information (인적 사항)

6. Full Legal Name (영어 성명): _____
First Middle Last

7. Name in Korean (한글 성명): _____ 8. Gender (성별): Male Female

9. Address (주소): _____
Street City State Zip Country

10. Phone Number (전화번호): _____
Home Work Mobile

11. E-mail Address (이메일): _____ 12. Date of Birth (생년월일): _____
Month Day Year

13. Citizenship: U.S. Citizen U.S. Permanent Resident 14. Social Security Number: _____

15. Are you an international student? Yes No If yes, Country of Citizenship: _____

Family Information (가족 사항)

16. Marital Status (결혼 여부): Single Married Other: _____

17. If Married, Name of Spouse (배우자 성명): _____
First Last Date of Birth

18. Name of a Child: _____
First Last Date of Birth

Name of a Child: _____
First Last Date of Birth

Name of a Child: _____
First Last Date of Birth

Name of a Child: _____
First Last Date of Birth

Emergency Contact (비상 연락처)

19. Name: _____ Relationship: _____
First Middle Last
 Phone Number: _____
Home Work Mobile

Do you have health insurance? (건강 보험) Yes No (If yes, provide insurance information.)

20. Insurance Company: _____ Policy Number: _____

Church Information (출석 교회 사항)

21. Church Name: _____ Year Attended: _____
 Address (주소): _____
Street City State Zip Country
 Phone Number (전화번호): _____
Home Work Mobile
 Name of the Senior Pastor: _____ Denomination (교단): _____

Are you baptized? (세례 여부) Yes (If yes, Date: _____) No

Title at Church (교회 직분)

22. Senior Pastor (담임 목사) Associate Pastor (부 목사) EM Pastor (영어 목회 목사) Youth Pastor (청소년 목회 목사)
 Intern Pastor (전도사) Pastor's Wife (목사 사모) Missionary (선교사) Elder (장로) Kwonsa (권사)
 Ordained Deacon/Deaconess (안수집사) Deacon/Deaconess (서리 집사) Laity (평신도) Other (기타): _____

Ministry / Volunteer Information (사역/봉사 현황)

23. Church Name: _____ Period: _____
 Briefly describe your ministry: _____
 Church Name: _____ Period: _____
 Briefly describe your ministry: _____

Education History (학력사항: 최종 학력을 먼저 기입하십시오.)

24. School Name: _____ Location: _____
 Year Entered: _____ Year of Graduation: _____ Diploma/Degree Received: _____
 School Name: _____ Location: _____
 Year Entered: _____ Year of Graduation: _____ Diploma/Degree Received: _____
 School Name: _____ Location: _____
 Year Entered: _____ Year of Graduation: _____ Diploma/Degree Received: _____

Please check the appropriate box for the method of interview. (인터뷰 방법에 표시하십시오.)

I plan to attend the face to face interview on campus on a scheduled date.

(The program director will schedule an appointment for interview.)

I would like to have a phone interview.*

(Phone number: _____, Available date and time: _____)

* 전화면접은 해외거주, 타주, 또는 LA County 이외 지역에 해당되며, LA 현지시간 기준으로 3:00 pm ~ 6:00 pm에만 면접 가능.

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.)

Please list questions that you have most concerned about applying for the program.

(본 과정을 지원하면서 가장 알고 싶은 질문이 있으시면 적어 주십시오.)

If necessary, attach a separate sheet of paper for any additional information.

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

Signature: _____ Date: _____

OFFICIAL USE ONLY

Accepted

Conditionally Accepted

Not Accepted

Faculty Signature

Date

*** BAM or MAM Applicant Only (아래 사항은 음악학 학사 혹은 석사 지원자에게만 해당됩니다.)**

Please check the appropriate box for the method of audition. (오디션 방법에 표시하십시오.)

- I am sending my recent audition tape. I plan to attend the audition on campus on the scheduled date.

Please list the names of instructors you have studied with. (이 전에 사사한 선생님의 성함을 적어 주십시오.)

Name: _____ Name of School: _____

School Location: _____ Years of Attendance: _____

*** MACC Applicant Only (아래 사항은 기독교 상담학 석사 지원자에게만 해당됩니다.)**

Please check if you have taken any of following prerequisite courses. Check all if applicable.
(아래 선행과목들 중 본인이 이미 수강한 과목은 모두 표시해 주십시오.)

- Introduction to Psychology Life-span Development

Please list courses taken that are similar to the courses listed above.
(수강한 과목이 위에 나열된 선행과목과 내용이 유사한 경우 그 과목의 제목(들)을 기록해 주십시오.)

1. _____ 2. _____ 3. _____

* Please note that you need to provide undergraduate transcript for evidence. If you record similar course(s) instead of the listed titles, decision will be made by the director of MACC after consideration. (선행과목 이수 여부에 대한 결정을 위해서는 학부 성적표가 요구되며, 제목이 다를 경우 MACC 디렉터에 의해 이수 및 수강여부가 결정된다.)

If you need to take any course(s) among listed above, please indicate when you plan to do so.
(위에 나열된 과목들 중 하나라도 이수해야 한다면, 언제 이수할 것인지를 표시해 주십시오.)

1st semester: Fall/20 _____ Spring/20 _____ Winter/20 _____ Summer/20 _____

2nd semester: Fall/20 _____ Spring/20 _____ Winter/20 _____ Summer/20 _____

If necessary, attach a separate sheet of paper for any additional information.

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

Signature: _____ Date: _____

OFFICIAL USE ONLY

- Accepted Conditionally Accepted Not Accepted

Faculty Signature _____

Date _____

If necessary, attach a separate sheet of paper for any additional information.

1. Please briefly describe how you met Jesus. (예수님을 영접하게 된 계기를 적으시오.)

2. How has your life changed as a result of meeting Jesus? (예수님을 영접한 이후, 일어난 삶의 변화를 적으시오.)

3. Why do you want to come to World Mission University? (월드미션대학교에 지원한 동기를 적으시오.)

4. What are your ministry goals or future plans after graduation? (졸업 후, 사역 계획이나 진로 계획에 대해 적으시오.)

<지원자 작성부분> 지원자 작성부분을 먼저 작성하고, 추천인 작성부분을 받으시오.

To the applicant: Please read the following instruction carefully.

Fill out the top portion of your information on this reference. Reference must be submitted as sealed in return envelope.

1. Name of Applicant (지원자 성명): _____
First Middle Last

Program you are applying for (지원학과): _____

Term/Semester (지원하는 학기와 연도를 표시해 주십시오.)

Fall Semester Spring Semester Winter Term Summer Term Year: _____

2. Pastoral Reference (학사, 석사 지원자)

3. I understand this letter of evaluation is to be received and maintained in confidence by the World Mission University, for admission consideration. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any/or all other laws, regulations or policies. I understand that the rights I am waving include, but are not limited to, the right to inspect and review this letter; the right to have any copy of this letter made for my use; the right to request an amendment of this letter.

I agree to waive access to this reference form.

I do not agree to waive access to this reference form.

Applicant's Signature: _____ Date: _____

<추천인 작성부분>

To the recommender: Please read the following instruction carefully.

Answer all questions thoroughly and honestly. Seal this reference in the envelope provided. You may send it directly to World Mission University or give it to the applicant.

4. Name of Recommender: _____
First Middle Last

Position / Title: _____

Name of Institution (church, etc.): _____

Phone Number: _____ E-mail: _____

Are you WMU alumnus? Yes (Year of Graduation: _____) No

5. What's your relationship to the applicant? (친인척 관계는 추천자가 될 수 없습니다.) _____

6. How long have you known the applicant? _____ Year(s) _____ Month(s)

7. How well do you know the applicant? Casually Well Very well

8. To your knowledge, has the applicant made a personal commitment to Jesus Christ?
 (지원자가 예수 그리스도께 헌신되어 있다고 봅니까?)

Yes No Don't Know

Reference Continued

9. How does the applicant demonstrate a commitment to Christ in his/her lifestyle?
(지원의 삶 속에서 예수 그리스도에 헌신되어 있다는 것을 어떻게 나타내 보입니까?)

10. Check the following qualities that apply to the applicant.

	Poor 미달	Below Average 보통 이하	Average 보통	Above Average 보통 이상	Excellent 탁월
Spiritual Maturity (영적 성숙)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Qualities (지도력)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility and Initiative (책임감과 솔선수범)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and Teamwork (협동심)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability (감정 조절)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication (의사 소통)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Demeanor (품행)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church Involvement (교회 / 사역 참여)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Are there any circumstances relating to this applicant that the University should know before deciding upon his/her admission?
(입학여부를 결정하기에 앞서, 본교가 반드시 알아야 할 지원자와 관련된 상황이 있으면 설명해 주십시오.)

If necessary, attach a separate sheet of paper for any additional information.

I recommend this applicant for admission to World Mission University.

- with enthusiasm (적극적으로 추천) with reservation (망설여짐)
 with some confidence (추천함) I don't recommend admission (추천하지 않음)

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

Signature: _____ Date: _____