Family Christian Counseling Certificate Program

Application for Admission

Admissions Office
(213) 388 -1000
admissions@wmu.edu
500 Shatto Place #200
Los Angeles, CA 90020

WORLD MISSION UNIVERSITY

WORLD MISSION UNIVERSITY
TRANSFORMATIONAL BIBLICAL EDUCATION

FCC Certificate Program Application

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

☐ Family Christian Counseling (FCC / 가정상담 사역자 수료증 과정)

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

☐ Fall Semester   ☐ Spring Semester   ☐ Winter Term   ☐ Summer Term

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PHOTO

2 in x 2 in
(51 mm x 51 mm)

Office Use Only

Student ID # _____

☐ I-20   ☐ F/A   ☐ OE
☐ Audit   ☐ Visiting

☐ C   ☐ N   ☐ R   ☐ T   ☐ TC

e-mail: _____
@wmu.edu

Advisor: _____

Personal Information (인적사항)

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): _____   7. Date of Birth (생년월일):   ___/___/___
                                                                              Month   Day   Year

8. Citizenship: ☐ U.S. Citizen   ☐ U.S. Permanent Resident   9. Social Security Number: _____

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

Family Information (가족사항)

11. Marital Status (결혼여부):   ☐ Single   ☐ Married   ☐ Other: _____

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

13. Emergency Contact (비상 연락처)

Name: _____   Relationship: _____
First   Middle   Last

Phone Number: _____
Home   Work   Mobile

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

Insurance Company: _____ Policy Number: _____

15. Church Information (출석 교회 사항)

Church Name: _____ Year Attended: _____

Address (주소): _____
Street　　　　　City　　　　　State　　　　　Zip　　　　　Country

Phone Number (전화번호): _____
Home　　　　　　　　Work　　　　　　　　Mobile

Name of the Senior Pastor: _____ Denomination (교단): _____

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

17. Position at Church (교회 직분)

☐ Senior Pastor (담임 목사)　☐ Associate Pastor (부목사)　☐ EM Pastor (영어 목회 목사)　☐ Youth Pastor (청소년 목회)

☐ 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):

18. Ministry / Volunteer Information (사역/봉사 현황)

Church Name: _____ Period: _____

Briefly describe your ministry: _____

19. Education History (학력사항: 최종 학력을 기입하십시오.)

School Name: _____ Location: _____

Year Entered: _____ Year of Graduation: _____ Diploma / Degree Received: _____

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

Signature: _____ Date: _____

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OFFICIAL USE ONLY

☐ Accepted　　　　☐ Conditionally Accepted　　　　☐ Not Accepted

Faculty Signature: _____ Date: _____