

TRANSFORMATIONAL BIBLICAL EDUCATION

NGO/NPO Ministry Certificate Program

Application for Admission



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

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

NGO/NPO Ministry (NGO/비영리단체 수료증 과정)

PHOTO

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

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

Fall Semester Spring Semester Winter Term Summer Term

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: _____

OFFICIAL USE ONLY

- Accepted
 Conditionally Accepted
 Not Accepted

Faculty Signature: _____ Date: _____