

TRANSFORMATIONAL BIBLICAL EDUCATION

# RN to BS in Nursing

Application for Admission



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

## 1. Documents Required for Applicants (지원자 해당 서류)

### 1) WMU Forms

- 1 Application / 입학원서 1부
- 1 Essay / 에세이 1부 (진학 이유, 졸업후 목표)
- 1 Reference (sealed in envelope) / 봉인된 추천서 1부(Pastoral or Professional/목회자 혹은 기관장)

### 2) Non-WMU Forms

- 1 Official Transcript (sealed in envelope) / 봉인된 준학사 성적증명서 1부 (영문)
- 2 Passport Size Photos (Size: 2 in x 2 in) / 여권용 사진 2매
- RN License (copied) / 간호사 면허증 사본 1부
- Passport or Drive License (Copied) / 여권 혹은 운전 면허증 사본 1부

## 2. Documents Required for International Students (F-1) ONLY (유학생 지원자 해당 서류)

- I-20 Request / I-20 신청서 (WMU Form)
- Agreement of Financial Support / 재정 보증서 (WMU Form)
- Bank Statement / 은행 예금잔고 증명서 (영문)
- Passport Copy / 여권 복사본
- Visa Copy / 비자 복사본
- I-20 Copy / I-20 복사본
- I-94 Copy / I-94 복사본

## 3. Fees (제반 비용)

- Application Fee \$100 (All Students, Non-refundable) / 원서 접수비 (모든 지원자에게 해당, 환불 안됨)
- International Student Service Fee \$300 (Non-refundable) / 해외 유학생 및 전입학생을 위한 서비스 (환불 안됨)
- Express Mail Fee \$50/\$70 (International Students Only, Non-refundable) / 특급 우편비 (해외 유학생의 경우, 환불 안됨)

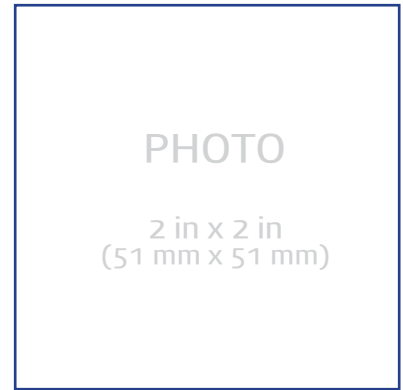
## 4. Payment Method (지불 방법)

- Credit Cards (Visa, Master, Discover, American Express, JCB, Union Pay, Diners Club, BC Global Card) / 크레딧 카드 (3% 카드 수수료 본인 부담)
- Check (Make all checks payable to **World Mission University**) / 수표
- Cash / 현금

- For international students: At WMU, an international student is an individual of foreign nationality who will be entering the United States with a student visa. You must report to WMU your arrival to the U.S. and submit photocopies of F-1 visa and I-94.
- For transfer students: At WMU, a transfer student is an individual of foreign nationality who has already entered the United States with a student visa and has been studying at another institution.

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

- Bachelor of Science Degree Program (학사과정)
  - RN to BS in Nursing (간호학)
- 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)

- Full Legal Name (영어 성명): \_\_\_\_\_  
First Middle Last
- Name in Korean (한글 성명): \_\_\_\_\_
- Gender (성별):  Male  Female
- Address (주소): \_\_\_\_\_  
Street City State Zip Country
- Phone Number (전화번호): \_\_\_\_\_  
Home Work Mobile
- E-mail Address (이메일): \_\_\_\_\_
- Date of Birth (생년월일): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
- Citizenship:  U.S. Citizen  U.S. Permanent Resident
- Social Security Number: \_\_\_\_\_
- Are you an international student?  Yes  No  
 If yes, Country of Citizenship: \_\_\_\_\_

## Family Information (가족사항)

- Marital Status (결혼여부):  Single  Married  Other: \_\_\_\_\_
- If Married, Name of Spouse (배우자 성명): \_\_\_\_\_  
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
- Name of a Child: \_\_\_\_\_  
First Last Date of Birth

## 16. Emergency Contact (비상 연락처)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Middle Last

Phone Number: \_\_\_\_\_  
Home Work Mobile

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

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## 18. 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): \_\_\_\_\_

## 19. Are you baptized? (세례 여부) Yes (If yes, Date: \_\_\_\_\_) No

## 20. Work / Volunteer Information (업무 / 봉사 현황)

Organization Name: \_\_\_\_\_ Period: \_\_\_\_\_  
 Briefly describe your Responsibilities: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Period: \_\_\_\_\_  
 Briefly describe your Responsibilities: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Period: \_\_\_\_\_  
 Briefly describe your Responsibilities: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Period: \_\_\_\_\_  
 Briefly describe your Responsibilities: \_\_\_\_\_

## 21. Education History (학력사항: 최종 학력을 먼저 기입하십시오.)

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.)

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Please list questions that you have most concerned about applying for the program.  
(본 과정을 지원하면서 가장 알고 싶은 질문이 있으시면 적어 주십시오.)

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**NACES Evaluation of Foreign Degree (NACES 외국 학위 인증서)**

발급비 \$ 250 는 학생 개인이 부담

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: \_\_\_\_\_



<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

Term/Semester (지원하는 학기와 연도를 표시해 주십시오.)

Fall Semester     Spring Semester     Winter Term     Summer Term    Year: \_\_\_\_\_

2.     Pastoral Reference                       Professional Reference

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 Last Date of Birth

Position / Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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



**Reference Continued**

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

	Poor 미달	Below Average 보통 이하	Average 보통	Above Average 보통 이상	Excellent 탁월
• 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"/>

9. Please comment on the applicant's academic performance, potential, strengths, weaknesses, or personal qualities.  
(지원자의 학업능력, 잠재력, 장점, 단점, 혹은 개인적인 성향에 대해서 기술하여 주십시오)

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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.)

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**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:** \_\_\_\_\_

Please complete all the information on this application in English.

1. Name: \_\_\_\_\_ (as it appears on your passport)  
First Middle Last

2. Foreign Address: \_\_\_\_\_  
 \_\_\_\_\_

3. U.S. Address: \_\_\_\_\_  
Street City State Zip Country

4. Date of Birth: \_\_\_\_\_  
Month / Day / Year

5. Country of Birth: \_\_\_\_\_

6. Country of Citizenship: \_\_\_\_\_

7. Current Visa Status: \_\_\_\_\_

**8. Program of Study**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> A.A. in Biblical Studies | <input type="checkbox"/> A.A. in Christian Counseling |  |  |
| <input type="checkbox"/> B.A. in Biblical Studies | <input type="checkbox"/> B.A. in Christian Counseling |  |  |
| <input type="checkbox"/> B.A. in Music            | <input type="checkbox"/> RN to B.S. in Nursing        |  |  |
| <input type="checkbox"/> M.Div.                   | <input type="checkbox"/> M.A. [Theology]              | <input type="checkbox"/> M.A. in Counseling Psychology | <input type="checkbox"/> M.A. in Music |
| <input type="checkbox"/> D.Min.                   | <input type="checkbox"/> D.C.M.                       |  |  |

**9. Dependent Information (people who will be coming as F-2's)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last Month Day Year

Relationship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last Month Day Year

Relationship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last Month Day Year

Relationship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last Month Day Year

Relationship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

**Required Documents:**

- Agreement of Financial Support
- Bank Statement Showing Sufficient Funds
- Transfer Request Form
- Copy of Passport, Visa & Previous I-20
- International Student Service Fee: \$300(non-refundable)

# Agreement of Financial Support

\*유학생 지원자 해당 서류

## 1. Please complete all the information on this application in English.

Name of Applicant (지원자 성명): \_\_\_\_\_ Date of Birth (생년월일): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Program you are applying for (지원학과): \_\_\_\_\_

Term / Semester (지원하는 학기와 연도를 표시해 주십시오.)

Fall Semester     Spring Semester     Winter Term     Summer Term    Year: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Example of Estimated Yearly Expense

Estimated yearly expense for:

Family of 1: \$ 19,000

Family of 2: \$ 22,000

Family of 3: \$ 24,000

Family of 4: \$ 26,000

(Yearly expense includes tuition & mandatory fees, room & board, books & supplies, health insurance, and miscellaneous expenses.)

## To Be Completed by Sponsor

2. Name of Sponsor: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. e-mail: \_\_\_\_\_

6. Relationship to Applicant: \_\_\_\_\_

By signing this agreement of financial support, I promise to be **financially responsible** for the applicant indicated above with tuition, living expense, and other relevant expenses. I acknowledge that I am the sole provider of financial support for the applicant and that you may direct any financial questions regarding the applicant to me.

(재정보증인은 재정보증서에 서명함으로써 상기 피보증인의 학비, 생활비 및 제반비용에 대한 일체의 재정적 책임을 질 것을 약속합니다.)

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