

TRANSFORMATIONAL BIBLICAL EDUCATION

# World Mission University

Application for Admission



**Admissions Office**

(213) 388 -1000  
admissions@wmu.edu  
500 Shatto Place #200  
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 (sealed in envelope) / 봉인된 추천서 1부

### 2) Non-WMU Forms

- 1 Official Transcript (sealed in envelope) / 봉인된 영문 고등학교 성적증명서 1부 (대학 지원) 또는 영문 학사 성적증명서 1부 (대학원 지원)
- 2 Passport Size Photos (Size: 2 in x 2 in) / 여권용 사진 2매

## 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)

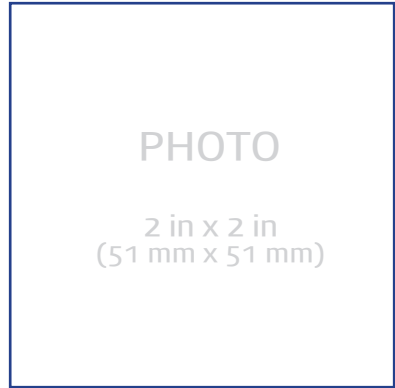
- Credit Cards (Visa, Master, Discover, American Express, JCB, Union Pay, Diners Club, BC Global Card) / 신용카드 (3% 카드 수수료 본인 부담)
- Check (Make all checks payable to **World Mission University**) / 수표
- Cash / 현금

- 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.)

- Associate of Arts Degree Program (준학사과정)
  - A.A. in Biblical Studies (성서학)
  - A.A. in Christian Counseling (기독교 상담학)
- Bachelor of Arts Degree Program (학사과정)
  - B.A. in Biblical Studies (성서학)
  - B.A. in Christian Counseling (기독교 상담학)
  - RN to B.S. in Nursing (간호학)
- Master's Degree Program (석사과정)
  - Master of Divinity (목회학)
  - M.A. Theology in Global Leadership (신학: 글로벌 리더십 전공)
  - M.A. in Counseling Psychology (상담심리학):  LA  OC
  - M.A. in Music (음악학) 전공: \_\_\_\_\_
  - M.A. in Worship Studies (예배학)
- Term/ Semester (지원하는 학기와 연도를 표시해 주십시오.) \*Year: \_\_\_\_\_
  - Fall Semester  Spring Semester  Winter Term  Summer Term

\* Will you apply for financial aid ? (A.A. or B.A. applicants only)  YES  NO



**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

## 18. Emergency Contact (비상 연락처)

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

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

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

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

## 20. 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): \_\_\_\_\_

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

## 22. Position at Church (교회 직분)

- Senior Pastor (담임 목사)   
  Associate Pastor (부목사)   
  EM Pastor (영어 목회 목사)   
  Youth Pastor (청소년 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): \_\_\_\_\_

## 23. Ministry / Volunteer Information (사역/봉사 현황)

Church Name: \_\_\_\_\_ Period: \_\_\_\_\_

Briefly describe your ministry: \_\_\_\_\_

Church Name: \_\_\_\_\_ Period: \_\_\_\_\_

Briefly describe your ministry: \_\_\_\_\_

## 24. 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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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: \_\_\_\_\_

**\* MACP Applicant Only (아래 사항은 상담학 심리학 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 MACP after consideration. (선행과목 이수 여부에 대한 결정을 위해서는 학부 성적표가 요구되며, 제목이 다를 경우 MACP 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.)

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

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

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

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**<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

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 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?)

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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.)

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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"/> RN to B.S. in Nursing         |
| <input type="checkbox"/> M.Div.                   | <input type="checkbox"/> M.A.Theology(Global Leadership) | <input type="checkbox"/> M.A. in Counseling Psychology |
| <input type="checkbox"/> D.Min.                   | <input type="checkbox"/> D.C.M.                          | <input type="checkbox"/> M.A. in Music                 |
|   | <input type="checkbox"/> M.A. in Worship Studies         |  |

**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)

## 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 RN to BSN

- Family of 1: \$ 25,000
- Family of 2: \$ 28,000
- Family of 3: \$ 30,000
- Family of 4: \$ 32,000

Estimated yearly expense for Other Programs

- Family of 1: \$ 19,000
- Family of 1: \$ 22,000
- Family of 1: \$ 24,000
- Family of 1: \$ 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.

(재정 후원인은 재정 후원약정서에 서명함으로써 상기 피보증인의 학비, 생활비 및 제반비용에 대한 일체의 재정적 책임을 질 것을 약속합니다.)

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