

TRANSFORMATIONAL BIBLICAL EDUCATION

Family Christian Counseling Certificate Program

Application for Admission



Admissions Office

(213)388-1000

admissions@wmu.edu

500 Shatto Place #600
Los Angeles, CA 90020

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

Family Christian Counseling (FCC / 가정상담 사역자 수료증 과정)

PHOTO

* 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 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

Emergency Contact (비상 연락처)

18. Name: _____ Relationship: _____

First

Middle

Last

Phone Number: _____

Home

Work

Mobile

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

19. Insurance Company: _____ Policy Number: _____

Church Information (출석 교회 사항)

20. 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)

21. 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)

22. Church Name: _____ Period: _____

Briefly describe your ministry: _____

Education History (학력사항: 최종 학력을 기입하십시오.)

23. 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 _____