

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) / 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.)

- Associate of Arts Degree Program (준학사과정)
 - ☐ AA in Christian Counseling (기독교 상담학)
- Bachelor of Arts Degree Program (학사과정)
 - ☐ BA in Christian Counseling (기독교 상담학)
 - ☐ BA in Social Work (사회복지학)
 - ☐ RN to BS in Nursing (간호학)
- Master's Degree Program (석사과정)

| | |
|--|---|
| <input type="checkbox"/> MDiv (목회학) | <input type="checkbox"/> MA [Theology] (신학) |
| <input type="checkbox"/> MA in Counseling Psychology (상담심리학) | <input type="checkbox"/> MA in Counseling Psychology (상담심리학 석박사 통합과정) |
| <input type="checkbox"/> MA in Music (음악학) | <input type="checkbox"/> MA in Worship Studies (찬양과 예배) |
| <input type="checkbox"/> MA in Global Leadership (글로벌리더십) | <input type="checkbox"/> MA in Global Leadership - Social Work (글로벌리더십 사회복지 전공) |
- Term/ Semester (지원하는 학기와 연도를 표시해 주십시오.) *Year: _____
 - ☐ Fall Semester
 - ☐ Spring Semester
 - ☐ Winter Term
 - ☐ Summer Term

* Will you apply for financial aid ? (AA or BA applicants only) ☐ YES ☐ NO

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)

- 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: _____ Years 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 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): _____

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

Church Name: _____ Period: _____
 Briefly describe your ministry: _____
 Church Name: _____ Period: _____
 Briefly describe your ministry: _____

24. Education (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 in person interview on campus on a scheduled date.

(The program director will schedule an appointment for interview.)

☐ I would like to have a virtual/phone interview.*

(Phone number: _____, Available date and time: _____)

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.)

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

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: _____

* MAM Applicant Only (아래 사항은 음악학 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 상담심리학 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

☐ Counseling Theory and Techniques

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.)

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

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

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

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

- ☐ AA in Christian Counseling ☐ BA in Christian Counseling ☐ BA in Social Work ☐ RN to BS in Nursing
- ☐ MA in Counseling Psychology ☐ MA in Music ☐ MA in Worship Studies ☐ MA in Global Leadership
- ☐ DMin ☐ DCM

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.

(재정후원인은 후원약정서에 서명함으로써 지원자의 학비, 생활비 및 제반비용에 대한 일체의 재정적 책임을 질 것을 약속합니다.)

Sponsor Signature: _____ Date: _____