

TRANSFORMATIONAL BIBLICAL EDUCATION

Doctor of Ministry

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
- 2 References (sealed in envelope) / 봉인된 추천서 2부
- 1 Statement of Experience / 사역경력서 1부
- 1 Table of Ministry Experience / 사역경력표 1부

2) Non-WMU Forms

- 1 Official Transcript (sealed in envelope) / 봉인된 학사 성적증명서 1부 (영문)
- 1 Official Transcript (sealed in envelope) / 봉인된 석사 성적증명서 1부 (영문)
- 2 Passport Size Photos (Size: 2in x 2in) / 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.)

1. Doctoral Degree Program (박사과정)

Doctor of Ministry (목회학)

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

Fall Semester Spring Semester Winter Term Summer Term

PHOTO

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

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)

3. Full Legal Name (영어 성명): _____
First Middle Last

4. Name in Korean (한글 성명): _____ 5. Gender (성별): Male Female

6. Address (주소): _____
Street City State Zip Country

7. Phone Number (전화번호): _____
Home Work Mobile

8. e-mail Address (이메일): _____ 9. Date of Birth (생년월일): _____
Month / Day / Year

10. Citizenship: U.S. Citizen U.S. Permanent Resident Others: _____

11. Social Security Number: _____

12. Are you an international student? Yes No If yes, Country of Citizenship: _____

Family Information (가족사항)

13. Marital Status (결혼여부): Single Married Other: _____

14. If Married, Name of Spouse (배우자 성명): _____
First Last Date of Birth

15. 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. Position at Church

- 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): _____

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

Church Name: _____ Period: _____

Briefly describe your ministry: _____

Church Name: _____ Period: _____

Briefly describe your ministry: _____

22. 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: _____

23. 목사 안수 여부 받았음 안받았음

24. 체류 신분 영주권, 시민권 유학생 (I-20 expiration date): _____ 미국 외 거주자

25. MDiv 혹은 동등학위 과정 졸업년도 졸업년도: _____ 졸업 후 3년 이상 사역: Yes No

26. GPA 4.0 만점에 3.0 이상입니까? Yes No

27. 입학할 때 가장 중요하게 고려하는 사항은?

저렴한 학비 학위 공부하면서 가질 수 있는 시간적 여유 사역/직장 등과 병행할 수 있는 가능성

28. 졸업 후 계획

29. 추천인 정보

* 이름 (소속/직위): _____ (_____) * e-mail: _____

30. 은사 구체적 체험 은사: _____ 체험 빈도: _____

31. 기도 관련 특이사항 하나님의 음성을 자주 듣는다. 계시를 자주 경험한다.

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

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> AA in Christian Counseling | <input type="checkbox"/> BA in Christian Counseling | <input type="checkbox"/> BA in Social Work | <input type="checkbox"/> RN to BS in Nursing |
| <input type="checkbox"/> MA in Counseling Psychology | <input type="checkbox"/> MA in Music | <input type="checkbox"/> MA in Worship Studies | <input type="checkbox"/> MA in Global Leadership |
| <input type="checkbox"/> DMin | <input type="checkbox"/> 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)

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 expensis.)

To Be Completed by Sponsors

Sponsor Signature: _____

Date: _____

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 지원자의 학비, 생활비 및 제반비용에 대한 일체의 재정적 책임을 질 것을 약속합니다.)

Sponsor's Signature: _____ Date: _____