

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. 석사학위 과정 졸업년도 졸업년도: _____

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: _____

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

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.)

Name: _____ 이름: _____

1. 당신 인생의 꿈, 비전, 목표와 그것을 품게 된 계기를 쓰시오.

2. 그 꿈을 이루기 위한 한 과정으로 왜 DMin in CCSF가 필요하다고 생각했는지 쓰시오.

3. DMin in CCSF에서 꼭 공부하고 싶은 분야나 주제를 쓰시오.

4. DMin in CCSF에서 그것을 공부한 후 하나님의 사역을 위해 어떻게 사용하고자 하는지 쓰시오.

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: _____

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"/> DMin in CCSF | <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: _____