

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 in CCSF (상담코칭과 영성형성 전공)

2.  Integrated Master's with Doctoral Degree Program (석박사 통합 과정)

3. 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. 석사학위 과정 졸업년도  졸업년도: \_\_\_\_\_

26. GPA 4.0 만점에 3.0 이상입니까?  Yes  No

27. 입학을 결정할 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: \_\_\_\_\_

# Statement of Purpose

Name: \_\_\_\_\_ 이름: \_\_\_\_\_

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

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

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

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

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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: \_\_\_\_\_

**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   
  DMin in CCSF   
  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: \_\_\_\_\_