

TRANSFORMATIONAL BIBLICAL EDUCATION

# Doctor of Musical Arts

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

### 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
- 1 Copy of Current Resume / 이력서 1부 (연주경력 소개서)

## 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. Doctor of Musical Arts

Campus  Online

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: \_\_\_\_\_

Please check the appropriate box for the method of interview. (인터뷰 방법에 표시하십시오.)

I plan to attend the face to face interview on campus on a scheduled date.

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

I would like to have a phone interview.\*

(Phone number: \_\_\_\_\_, Available date and time: \_\_\_\_\_ )

\* 전화면접은 해외거주, 타주, 또는 LA County 이외 지역에 해당되며, LA 현지시간 기준으로 3:00pm ~ 6:00pm에만 면접 가능.

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.)

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

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There are three steps for the audition. (3단계의 오디션 과정)

- 1) Submit audition CD                      2) Attend live audition                      3) Interview

Please list the names of instructors you have studied with. (이전에 사사한 선생님의 성함을 적어 주십시오.)

- 1) Name: \_\_\_\_\_ Name of School: \_\_\_\_\_  
School Location: \_\_\_\_\_ Years of Study: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Name of School: \_\_\_\_\_  
School Location: \_\_\_\_\_ Years of Study: \_\_\_\_\_

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.)

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

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

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

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**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"/> DMA                        |  |  |

**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: \_\_\_\_\_