

TRANSFORMATIONAL BIBLICAL EDUCATION

Doctor of Church Music

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 / 추천서 2부

2) Non - WMU Forms

- 1 Transcript (sealed in envelope) / BA 또는 동등학위 성적 증명서와 졸업 증명서 각 1부 (영문)
- 1 Transcript (sealed in envelope) / MAM 또는 동등학위 성적 증명서와 졸업 증명서 각 1부 (영문)
- 2 Passport size Photos / 여권용 사진 2매 (5cm x 5cm)
- 1 Copy of Current Resume / 이력서 1부(연주경력 소개서)

2. Documents Required for International Students (F-1) ONLY (F-1 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) / 원서 접수비 (모든 지원자에게 해당)
- International Student Service Fee \$250 (해외 유학생 및 전입학생을 위한 서비스)
- Express Mail Fee \$50 (International Student Only) / 특급우편비 (해외 유학생의 경우)

4. Payment Method (지불 방법)

- Credit (Visa, Master, Discover, American Express, JCB, Union Pay, Diners Club, BC Global Card) / 크레딧 카드
- 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 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 과정의 박스에 표시해 주십시오)

1. Associate's Degree Program (준학사과정)

- A.A. in Biblical Studies (성서학)
 A.A. in Christian Counseling (기독교 상담학)

2. Bachelor's Degree Program (학사과정)

- Biblical Studies (성서학)
 Christian Counseling (기독교 상담학)
 Music (음악학)

3. Master's Degree Program (석사과정)

- Master of Divinity (목회학)
 M.A. in Theology (신학)
 M.A. in Christian Counseling (기독교 상담학)
 M.A. in Music (음악학)

4. Doctoral Degree Program (박사과정)

- Doctor of Ministry (목회학)
 Doctor of Church Music (교회음악)

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

- Fall Semester Spring Semester Winter Term Summer Term

PHOTO

Office Use Only

Student ID # _____

I-20 F/A DE

Audit Visiting

C N R T TC

E-mail: _____
@wmu.edu

Advisor: _____

Personal Information (인적 사항)

6. Full Legal Name (영어 성명): _____

First

Middle

Last

7. Name in Korean (한글 성명): _____

8. Gender (성별)

Male

Female

9. Address (주소): _____

Street

City

State

Zip

Country

10. Phone Number (전화번호): _____

Home

Work

Mobile

11. E-mail Address (이메일): _____

12. Date of Birth (생년월일): _____

Month

Day

Year

13. Citizenship: U.S. Citizen U.S. Permanent Resident

14. Social Security Number: _____

15. Are you an international student? Yes No

If yes, Country of Citizenship: _____

Family Information (가족 사항)

16. Marital Status (결혼 여부): Single Married Other: _____

17. If Married, Name of Spouse (배우자 성명): _____

First

Last

Date of Birth

18. 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

Emergency Contact (비상 연락처)

19. Name: _____ Relationship: _____
First Middle Last
 Phone Number: _____
Home Work Mobile

Do you have health insurance? (건강 보험) Yes No (If yes, provide insurance information.)

20. Insurance Company: _____ Policy Number: _____

Church Information (출석 교회 사항)

21. Church Name: _____ Year Attended: _____
 Address (주소): _____
Street City State Zip Country
 Phone Number (전화번호): _____
Home Work Mobile
 Name of the Senior Pastor: _____ Denomination (교단): _____

Are you baptized? (세례 여부) Yes (If yes, Date: _____) No

Position at Church (교회 직분)

22. 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): _____

Ministry / Volunteer Information (사역/봉사 현황)

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

Education History (학력사항: 최종 학력을 먼저 기입하십시오.)

24. 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 3:00 pm ~ 6:00 pm에만 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.)

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

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.)

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.)

<지원자 작성부분> 지원자 작성부분을 먼저 작성하고, 추천인 작성부분을 받으시오.

To the applicant: Please read the following instruction carefully.

Fill out the top portion of your information on this reference. Reference must be submitted as sealed in return envelope.

1. Name of Applicant (지원자 성명): _____
First Middle Last

Program you are applying for (지원학과): _____

Term/Semester (지원하는 학기와 연도를 표시해 주십시오.)

Fall Semester Spring Semester Winter Term Summer Term Year: _____

2. Two References

Pastoral Reference Academic Reference

3. I understand this letter of evaluation is to be received and maintained in confidence by the World Mission University, for admission consideration. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any/or all other laws, regulations or policies. I understand that the rights I am waving include, but are not limited to, the right to inspect and review this letter; the right to have any copy of this letter made for my use; the right to request an amendment of this letter.

I agree to waive access to this reference form.
 I do not agree to waive access to this reference form.

Applicant's Signature: _____ Date: _____

<추천인 작성부분>

To the recommender: Please read the following instruction carefully.

Answer all questions thoroughly and honestly. Seal this reference in the envelope provided. You may send it directly to World Mission University or give it to the applicant.

4. Name of Recommender: _____
First Middle Last

Position / Title: _____

Name of Institution (church, etc.): _____

Phone Number: _____ E-mail: _____

Are you WMU alumnus? Yes (Year of Graduation: _____) No

5. What's your relationship to the applicant? (친인척 관계는 추천자가 될 수 없습니다.) _____

6. How long have you known the applicant? _____ Year(s) _____ Month(s)

7. How well do you know the applicant? Casually Well Very well

8. To your knowledge, has the applicant made a personal commitment to Jesus Christ?
(지원자가 예수 그리스도께 헌신되어 있다고 봅니까?)

Yes No Don't Know

Reference Continued

9. How does the applicant demonstrate a commitment to Christ in his/her lifestyle?
(지원의 삶 속에서 예수 그리스도에 헌신되어 있다는 것을 어떻게 나타내 보입니까?)

10. Check the following qualities that apply to the applicant.

	Poor 미달	Below Average 보통 이하	Average 보통	Above Average 보통 이상	Excellent 탁월
Spiritual Maturity (영적 성숙)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Qualities (지도력)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility and Initiative (책임감과 솔선수범)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and Teamwork (협동심)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability (감정 조절)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication (의사 소통)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Demeanor (품행)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church Involvement (교회 / 사역 참여)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Are there any circumstances relating to this applicant that the University should know before deciding upon his/her admission?
(입학여부를 결정하기에 앞서, 본교가 반드시 알아야 할 지원자와 관련된 사항이 있으면 설명해 주십시오.)

If necessary, attach a separate sheet of paper for any additional information.

I recommend this applicant for admission to World Mission University.

- with enthusiasm (적극적으로 추천) with reservation (망설여짐)
 with some confidence (추천함) I don't recommend admission (추천하지 않음)

I certify that the information I have provided throughout this application is complete and correct.

Signature: _____ Date: _____

<지원자 작성부분> 지원자 작성부분을 먼저 작성하고, 추천인 작성부분을 받으시오.

To the applicant: Please read the following instruction carefully.

Fill out the top portion of your information on this reference. Reference must be submitted as sealed in return envelope.

1. Name of Applicant (지원자 성명): _____
First Middle Last

Program you are applying for (지원학과): _____

Term/Semester (지원하는 학기와 연도를 표시해 주십시오.)

Fall Semester Spring Semester Winter Term Summer Term Year: _____

2. Two References

Pastoral Reference Academic Reference

3. I understand this letter of evaluation is to be received and maintained in confidence by the World Mission University, for admission consideration. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any/or all other laws, regulations or policies. I understand that the rights I am waving include, but are not limited to, the right to inspect and review this letter; the right to have any copy of this letter made for my use; the right to request an amendment of this letter.

I agree to waive access to this reference form.
 I do not agree to waive access to this reference form.

Applicant's Signature: _____ Date: _____

<추천인 작성부분>

To the recommender: Please read the following instruction carefully.

Answer all questions thoroughly and honestly. Seal this reference in the envelope provided. You may send it directly to World Mission University or give it to the applicant.

4. Name of Recommender: _____
First Middle Last

Position / Title: _____

Name of Institution (church, etc.): _____

Phone Number: _____ E-mail: _____

Are you WMU alumnus? Yes (Year of Graduation: _____) No

5. What's your relationship to the applicant? (친인척 관계는 추천자가 될 수 없습니다.) _____

6. How long have you known the applicant? _____ Year(s) _____ Month(s)

7. How well do you know the applicant? Casually Well Very well

8. To your knowledge, has the applicant made a personal commitment to Jesus Christ?
(지원자가 예수 그리스도께 헌신되어 있다고 봅니까?)

Yes No Don't Know

Personal Information (인적 사항)

Section 1: To be completed by the applicant:

Name _____

Intended Degree _____

Intended Major _____

Confidential. I waive my right of review.

Non-Confidential. I retain my right of review.

Applicant's Signature _____

Date _____

Section 2: To be completed by the recommender:

Name _____

Title or position _____

Address _____

Phone _____

E-mail _____

How long you have known the applicant, and in what capacity?

Please rate this applicant on the following criteria. This information will give us a clearer assessment of the applicant's overall ability and talent. Please evaluate the applicant in comparison with others whom you have known in a similar situation

Performance Abilities: Top 1% Top 10% Top 20% Top 50% Bottom 50% No basis for judgment

Academic Abilities: Top 1% Top 10% Top 20% Top 50% Bottom 50% No basis for judgment

Talent: Top 1% Top 10% Top 20% Top 50% Bottom 50% No basis for judgment

Application: Top 1% Top 10% Top 20% Top 50% Bottom 50% No basis for judgment

Achievement: Top 1% Top 10% Top 20% Top 50% Bottom 50% No basis for judgment

Signature of Recommender

Date

Please attach a separate letter to this form providing information concerning the applicant's musical, academic and/or personal background to help us to evaluate his/her qualifications for admission. WMU values a candid assessment of all candidates to assist us in our admission decision. Submit your completed form and letter by email or postal mail. Questions may be directed to the World Mission University Music Department.

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. Current Visa Status: _____

6. Program of Study

- | | | |
|---|---|--|
| <input type="checkbox"/> A.A. in Biblical Studies | <input type="checkbox"/> A.A. in Christian Counseling | <input type="checkbox"/> B.A. in Music |
| <input type="checkbox"/> B.A. in Biblical Studies | <input type="checkbox"/> B.A. in Christian Counseling | <input type="checkbox"/> M.A. in Music |
| <input type="checkbox"/> M.A. in Theology | <input type="checkbox"/> M.A. in Christian Counseling | <input type="checkbox"/> D.C.M |
| <input type="checkbox"/> M.Div | <input type="checkbox"/> D.Min | |

Dependent Information (people who will be coming as F-2's)

7. Name: _____ Date of Birth: _____
First Last Month Day Year

Relationship: _____ Country of Citizenship: _____

Name: _____ Date of Birth: _____
First Last Month Day Year

Relationship: _____ Country of Citizenship: _____

Name: _____ Date of Birth: _____
First Last Month Day Year

Relationship: _____ Country of Citizenship: _____

Name: _____ Date of Birth: _____
First Last Month Day Year

Relationship: _____ 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: \$250 (non-refundable)

Please complete all the information on this application in English.

1. Name of Applicant (지원자 성명): _____ Date of Birth (생년월일): _____ / _____ / _____
Month Day Year

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.

(재정보증인은 재정보증서에 서명함으로써 상기 피보증인의 학비, 생활비 및 제반비용에 대한 일체의 재정적 책임을 질 것을 약속합니다.)

Sponsor Signature: _____ Date: _____