

TRANSFORMATIONAL BIBLICAL EDUCATION

RN to BS in Nursing

Application for Admission



Admissions Office
(213) 388 -1000
admissions@wmu.edu
500 Shatto Place #200
Los Angeles, CA 90020

1. Documents Required for Applicants (지원자 해당 서류)

1) WMU Forms

- 1 Application / 입학원서 1부
- 1 Essay / 에세이 1부 (진학이유, 졸업후 목표)
- 1 Reference (sealed in envelope) / 봉인된 추천서 1부(Pastoral or Professional/목회자 혹은 기관장)

2) Non-WMU Forms

- 1 Official Transcript (sealed in envelope) / 봉인된 준학사 성적증명서 1부 (영문)
- 2 Passport Size Photos (Size: 2 in x 2 in) / 여권용 사진 2매
- RN Certificate (copied) / RN 자격증 사본 1부
- Passport or Drive License (Copied) / 여권 혹은 운전면허증 사본 1부

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) / 크레딧 카드 (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. Bachelor of Science Degree Program (학사과정)

RN to BS in Nursing (간호학)

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

Fall Semester Spring Semester Winter Term Summer Term

PHOTO

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

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 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. Work / Volunteer Information (업무 / 봉사 현황)

Organization Name: _____ Period: _____

Briefly describe your Responsibilities: _____

Organization Name: _____ Period: _____

Briefly describe your Responsibilities: _____

Organization Name: _____ Period: _____

Briefly describe your Responsibilities: _____

Organization Name: _____ Period: _____

Briefly describe your Responsibilities: _____

21. 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 3:00 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: _____

<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

Term/Semester (지원하는 학기와 연도를 표시해 주십시오.)

Fall Semester Spring Semester Winter Term Summer Term Year: _____

2. Pastoral Reference Professional 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 Last Date of Birth

Position / Title: _____

Name of Organization: _____

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

Reference Continued

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

	Poor 미달	Below Average 보통 이하	Average 보통	Above Average 보통 이상	Excellent 탁월
• 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"/>

9. Please comment on the applicant's academic performance, potential, strengths, weaknesses, or personal qualities.
(지원자의 학업능력, 잠재력, 장점, 단점, 혹은 개인적인 성향에 대해서 기술하여 주십시오.)

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:** _____

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"/> A.A. in Biblical Studies | <input type="checkbox"/> A.A. in Christian Counseling | |
| <input type="checkbox"/> B.A. in Biblical Studies | <input type="checkbox"/> B.A. in Christian Counseling | <input type="checkbox"/> RN to B.S. in Nursing |
| <input type="checkbox"/> M.Div. | <input type="checkbox"/> M.A.Theology(Global Leadership) | <input type="checkbox"/> M.A. in Counseling Psychology |
| <input type="checkbox"/> D.Min. | <input type="checkbox"/> D.C.M. | <input type="checkbox"/> M.A. in Music |
| | <input type="checkbox"/> M.A. in Worship Studies | |

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)

1. Please complete all the information on this application in English.

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 RN to BSN

- Family of 1: \$ 25,000
- Family of 2: \$ 28,000
- Family of 3: \$ 30,000
- Family of 4: \$ 32,000

Estimated yearly expense for Other Programs

- Family of 1: \$ 19,000
- Family of 1: \$ 22,000
- Family of 1: \$ 24,000
- Family of 1: \$ 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.

(재정 후원인은 재정후원약정서에 서명함으로써 상기 지원자의 학비, 생활비 및 제반비용에 대한 일체의 재정적 책임을 질 것을 약속합니다.)

Sponsor Signature: _____ Date: _____

