

Application for Admission

1. Personal Information

Applicant Name: _____ Female Male
Last First Middle

Date of Birth: ____/____/____ Birth Place: _____ Citizenship: _____
MM/DD/YYYY

Social Security Number: _____ Visa Type: _____

Single: _____ Married: _____ Ever Divorced (if so, give explanation on a separate paper): _____

Name of Spouse (F-2): _____ Number of Children (F-2): _____

Present Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____ Current Occupation: _____

Church Served: _____ Present Position in Church: _____ Denomination: _____

2. Which program would you like to study at WMCGW? (Check one please)

B.S.C. A.Div. Th.B. M.Div. M.C.E. M.Min. Th.M. D.Mis.

3. Record of Previous Academic/Professional Training Information

1) Name and Location of School: _____

Attended from _____ to _____ (Degree earned if any: _____)

4. Family Information (F-2)

Full Name (Last, First and Middle name on Passport)	Gender (M or F)	Day of Birth (MM/DD/YYYY)	Remark

5. Please state your reasons for applying

6. References

1) Pastor's Name: _____ Phone: (_____) _____

Address: _____

2) Friend's Name: _____ Phone: (_____) _____

Address: _____

All this information are true and without false.

Signature of Applicant: _____ **Date:** ____/____/____

(MM/DD/YYYY)

Please note: A non-refundable fee of \$50.00 must be submitted with this form. The application will not be considered complete until supporting academic transcripts, references have been received. Return this form to Director of Admissions, World Missions College of Greater Washington.