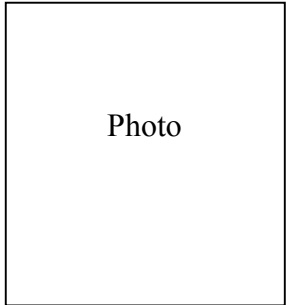




Wyclif University & Theological Seminary

216 E. 31st Street, Los Angeles, CA 90011
Tel: (213) 550-6090 / Fax: (323) 234-2233
www.wyclifuniversity.org / wyclif1004@gmail.com

ADMISSION APPLICATION



Date: _____

Semester: Spring Fall Other Year: _____

Program Type: (mark one) On-campus Distance Learning

Program / Degree Title	√
Bachelor of Arts in Theology (B.A.Th)	
Master of Arts in Theology (M.A.Th)	
Master of Divinity (M.Div)	
Doctor of Ministry (D.Min)	
Honorary Doctor of Divinity (D.D.)	

Applicant's Information:(Please Print)

(Please attach one passport size picture and photocopies of social security and identification cards, or passport identification)

Applicant's Name _____ Male / Female _____
Gender(circle) _____ Date of Birth _____ Ethnicity _____

Social Security No. _____ State ID No. _____ () _____
Home Phone No _____ Cell Phone No _____

Address _____ City _____ State _____ Zip-code _____

E-mail Address _____

Emergency Contact Persons:(Please Print)

Emergency Contact Person's Name 1 _____ Relationship _____ () _____
Phone No. _____

Emergency Contact Person's Name 2 _____ Relationship _____ () _____
Phone No. _____

Educational Information: (Please Print)

List all of the schools that you have attended prior to coming to Wyclif University & Theological Seminary:

School's Name Major Year

Address City State Zip-code

School's Name Major Year

Address City State Zip-code

School's Name Major Year

Address City State Zip-code

Occupational Information: (Please Print)

Occupation Employer's Name Work Phone No.

Address City State Zip-code

Supervisor's Name Phone No.

Church background denomination _____ Name of Pastor of Church: _____

Church address: _____

Church status in Ministry: _____ Areas in Ministry: _____ Years in Ministry: _____

I certify that all of the above statements are true and correct to be best of my knowledge. Falsification of information can result in the termination of my enrollment at Wyclif University & Theological Seminary.

Applicant's Signature

Date



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ESSAY **CONFESSION OF FAITH**

____/____/____
Date

Applicant's Name

Date of Birth

Signature

* If you need more space you may use your own separate sheet to attach to this primary form.



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LETTER OF RECOMMENDATION 추천서

TO THE APPLICANT 신청자에게

Complete the information below and give this form to your recommender.

아래항목을기입한후, 이양식을추천인에게드리십시오.

Applicant's Name 신청자이름: _____

Applied Academic Program 희망학위과정: _____

In accordance with provision of the Federal Education and Privacy Act of 1974, enrolled students have the right to see their letters of recommendation unless they explicitly waive that right.

연방교육법제 1974 조의의거하여, 입학이허락된학생은자신의권리를포기하지않는한,

자신에대한추천서들을열람할수있는권리를가지고있습니다.

I waive my right of access to this recommendation. 나는이추천서를열람할수있는권리를포기합니다.

I do not waive my right of access to this recommendation. 나는이권리를포기하지않습니다.

Applicant's Signature 신청자서명: _____ Date 날짜: _____

TO THE RECOMMENDER 추천인에게

Please respond on this form, and seal it in an envelope along with this form, sign your name on the envelope flap, and return the sealed envelope to the applicant who will include it along with other application materials to be sent to the Office of Admission of Wyclif University.

이양식에따라완성하신후, 봉투에넣어추천인의서명으로봉투를밀봉한다음, 신청자에게되돌려주시면,

신청자는다른서류와함께위클리대학교로우송할것입니다.

Name of Recommender 추천인이름: _____ Position 지위: _____

Institution & Address 직장과 주소: _____

Daytime Phone Number 연락전화: _____

1. How long and in what relationship have you known the applicant?

얼마동안 신청인을 알고 지냈습니까? 어떤 관계입니까?

2. Please evaluate his or her intellectual and personal capacities (e.g., independence and clarity of thinking, work habits, initiative, handling relationship with other people).

신청인의 지적인 면과 인간적인 면을 평가해 주세요 (예, 사고의 독립성과 정확성, 직장에서의 습관들, 진취성, 다른 사람들과의 관계).

3. In your estimation, what special gifts or talents would this applicant contribute to the life of the university community while studying here?

학교 생활에 있어서 어떤 면에 유익을 줄 수 있을 거 같습니까?

4. Other Remarks. 기타 사항.

Recommender's Signature 추천인서명: _____

Date 날짜: _____