



# CALIFORNIA GRADUATE SCHOOL OF THEOLOGY

11277 Garden Grove Blvd., 2nd Fl., Garden Grove, CA 92843

Tel 714.636.1722 | Fax 714.636.1725 | www.cgsot.edu

## APPLICATION FOR ADMISSION

### INSTRUCTION:

1. Complete and return the application form along with the application fee of \$100.00 (non-refundable) to California Graduate School of Theology, attention to Admissions Office.
2. Official transcripts from all colleges/universities previously attended must be forwarded to: California Graduate School of Theology, attention to Admission Office (undergraduate applicants must submit official transcripts from high school).

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM) (DD) (YYYY)

Gender:  Male  Female

Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ If not a U.S. citizen, are you a resident alien?  Yes  No

Are you an international student?  Yes  No

If yes, what type of visa do you currently or plan to have? \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Separated  Divorced

Ethnicity:  Hispanic or Latino  American Indian or Alaska Native  Asian  Black or African-American  White

Native Hawaiian or Other Pacific Islander  Two or more races  Prefer not to indicate  Other:

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### ENROLLMENT INFORMATION

#### Intended Program:

##### Degree Programs:

- Bachelor of Arts in Religion (BAR)
- Master of Arts in Religion (MAR)
- Master of Divinity (MDiv)
- Doctor of Ministry (DMin)

##### Certificate Program:

- English as a Second Language

Intended Entry Term:  Fall  Winter (Intensive)  Spring  Summer(Intensive) of \_\_\_\_\_  
(Year)

### CHRISTIAN EXPERIENCE

Church Served/Attending: \_\_\_\_\_ Position at Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

Indicate what Christian service you have had and approximately how many years for each:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pastor (    years)     | <input type="checkbox"/> Chaplain (    years)            | <input type="checkbox"/> Christian Education (    years) |
| <input type="checkbox"/> Missionary (    years) | <input type="checkbox"/> Youth Worker (    years)        | <input type="checkbox"/> Music Director (    years)      |
| <input type="checkbox"/> Evangelist (    years) | <input type="checkbox"/> Christian Counselor (    years) | <input type="checkbox"/> Other: _____ (    years)        |

**Educational Background**

Name of School	City/State	Major	Degree Awarded	Completion Date

**License (if applicable)**

Name of License	Organization	Received Date	Expiration Date

**LETTERS OF RECOMMENDATION (ESL Program is exempt)**

Please provide three (3) references below. You will be given a separate Letters of Recommendation Form which must be completed by these references.

**Pastor**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Academic**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Friend**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

*I certify that the above information is true and correct to the best of my knowledge. I agree to be respectful of California Graduate School of Theology (Cal Grad)'s mission and will abide by the rules and regulations contained in the current catalog. I understand that all required submissions to Cal Grad become the property of the school and will not be forwarded to me.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_