

# MSU/CMM College of Theology APPLICATION FOR ADMISSION

**\*PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION\***

Please **PRINT** clearly:

\_\_\_\_\_  
Last Name                      First Name                      Middle or Maiden Name

\_\_\_\_\_  
Home Phone                      Work Phone                      Cell Phone

\_\_\_\_\_  
Social Security #                      Date of Birth (mm/dd/year)                      Sex:  Male  Female

Marital Status:  Single  Married  Divorced  Other \_\_\_\_\_

\_\_\_\_\_  
Place of Birth: (City and State)                      Name of Spouse

\_\_\_\_\_  
Mailing Address                      Apartment #

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
E-mail Address                      Program of Desired Enrollment

Degree Level of Enrollment: \_\_\_\_\_ Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate

## **BACKGROUND INFORMATION** *(This information taken to better serve you as a student)*

Present Occupation: \_\_\_\_\_ How long? \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Local Church: \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Are you a minister?  Yes  No                      Licensed?  Yes  No  
                    Ordained?  Yes  No                      Other? \_\_\_\_\_

How long have you been in full-time service? \_\_\_\_\_ years \_\_\_\_\_ months

To what denomination or organization do you belong or classify yourself? \_\_\_\_\_

Reference: Relative/Friend: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**ETHNIC ORIGIN**

*(This information required by the Civil Rights Act)*

- Caucasian (non-Hispanic)       Asian Pacific Islander       Hispanic
- Black (non-Hispanic)       American Indian / Alaskan
- Other: Specify \_\_\_\_\_

**CITIZENSHIP**

Country of Birth: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

*If NO, please answer the following questions*

Of what country are you a citizen? \_\_\_\_\_

Are you a permanent U. S. resident?  Yes  No

Alien Registration # \_\_\_\_\_

Do you presently have a U. S. Visa?  Yes  No

If yes, what type? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EDUCATION INFORMATION**

**Name of High School:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Date of Graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you did not graduate, have you obtained a GED?  Yes  No When? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*List ALL colleges attended in chronological order (latest last)...Attach additional sheets, if necessary.*

**Name of Institution:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Hours Earned: \_\_\_\_\_  Semester  Quarter

**Name of Institution:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Hours Earned: \_\_\_\_\_ [ ] Semester [ ] Quarter

**Name of Institution:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Hours Earned: \_\_\_\_\_ [ ] Semester [ ] Quarter

Are you currently enrolled in the last institution attended? [ ] Yes [ ] No

If so, what will be your last date of attendance? \_\_\_\_\_

Are you eligible for re-admission to any of the institutions listed? [ ] Yes [ ] No

If no, are reasons [ ] Academic? [ ] Disciplinary? [ ] Other (*attach explanation*)

### **ADDITIONAL INFORMATION**

Have you ever been convicted for the violation of any federal, state, county, or municipality law? (*excluding minor traffic violations*) [ ] Yes [ ] No If yes, give full details on an attached sheet.

\$60.00 NON-REFUNDABLE APPLICATION FEE MUST BE  
SUBMITTED WITH APPLICATION...

UPON APPROVAL, ONE-THIRD OF TUITION MUST BE PAID AT REGISTRATION

TEXTBOOK FEES MUST BE PAID BEFORE RECEIPT OF ANY MATERIAL

GRADUATION FEES MUST BE PAID EACH YEAR, AS FOLLOWS:

Doctoral Graduates BEFORE 1<sup>ST</sup> WEEK OF MARCH...Other Graduates BEFORE 1<sup>ST</sup> WEEK OF APRIL

BALANCE OF TUITION MUST BE PAID BY APRIL 15<sup>TH</sup> OF EACH YEAR

*I have completed this application to the best of my ability and have been truthful to the best of my knowledge in answering all questions. I do hereby agree to abide by the high ethical standards set forth by the CMM/MSU College of Theology and to conduct myself in accordance to the expectation of NCCT in order for my life to bring glory and honor to the Lord, Jesus Christ.*

*I have read the Statement of Faith of the CMM/MSU College of Theology and agree to follow its doctrinal stand in accordance to the Word of God.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY PROFESSOR**

School Year Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Tuition for School Year: \$ \_\_\_\_\_.

Application Fee: \$60.00

Entry Level of Student: \_\_\_\_\_

Give an explanation of LIFE-EARNED credits (if any): \_\_\_\_\_

---

---

---

---

---

---

---

---

List any special arrangements that have been made (if any): \_\_\_\_\_

---

---

\_\_\_\_\_  
*Signature of Professor*

\_\_\_\_\_  
*Date*

Á

Á  
Á

MSU/CMM College of Theology.

| Height of Student | Weight Below | QTY | Height of Student | Weight Above | QTY |
|-------------------|--------------|-----|-------------------|--------------|-----|
| 4'6"-4'8"         | 180LB        |     | 4'6"-4'8"         | 180LB        |     |
| 4'9"-4'11"        | 180LB        |     | 4'9"-4'11"        | 180LB        |     |
| 5'0"-5'2"         | 180LB        |     | 5'0"-5'2"         | 180LB        |     |
| 5'3"-5'5"         | 180LB        |     | 5'3"-5'5"         | 180LB        |     |
| 5'6"-5'8"         | 270LB        |     | 5'6"-5'8"         | 270LB        |     |
| 5'9"-5'11"        | 270LB        |     | 5'9"-5'11"        | 270LB        |     |
| 6'0"-6'2"         | 270LB        |     | 6'0"-6'2"         | 270LB        |     |
| 6'3"-6'5"         | 330LB        |     | 6'3"-6'5"         | 330LB        |     |
| 6'6"-6'8"         | 330LB        |     | 6'6"-6'8"         | 330LB        |     |
| 6'9"-6'11"        | 330LB        |     | 6'9"-6'11"        | 330LB        |     |

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Attended \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE PRINT**

Please return this order form and fees, to Jorge Parrott, President.

***All documents go to Jorge Parrott, 375 Starlight Drive, Fort Mill,  
SC 29715***