



STANTON UNIVERSITY

9618 Garden Grove Blvd., Suite 201, Garden Grove, CA 92844
Tel.714.539.6561 Fax.714.539.6542 su@stantonuniversity.com

APPLICATION FOR ADMISSION FORM 입학신청서

Personal Information 개인정보

1. Name (on your ID or passport) _____
Last(family name) 성 First(given name) 이름 Middle Name

Other Name on Previous Records _____
Last(family name) 성 First(given name) 이름 Middle Name

2. Birth date and place ____/____/____ City / Country Gender Male Female
MM DD YYYY

3. Address 주소 Mailing Address/Foreign Address 한국주소
Street _____ (If different from current address 왼쪽 주소와 다른 경우)
City _____
State, Zip _____

4. Phone _____ Mobile Phone _____

5. Email Address _____

6. Nation of Citizenship 국적 _____

U.S. Citizens do not need to answer 7, 8, 9. 미국 시민인 경우에는 7, 8, 9번을 답을 하지 않으셔도 됩니다.

7. If you are not a U. S. Citizen, are you a resident alien? 영주권자 Yes No

8. Will you be applying for the I-20 to receive an F-1 Visa? 학생비자 발급을 위해 I-20를 신청합니까? Yes No

9. If no, what kind of visa do you have? 그 밖의 경우, 비자 종류를 기재하십시오(F-1, F-2, H-1, R-1, B-1, B-2, other _____)

10. Emergency Contact Name _____ Relationship _____

Address Street _____ Home Phone _____

City, State, Zip _____ Work Phone _____

Enrollment Information 입학정보

Intended Program and Major 지원학과

- Professional Golf Mgmt.: AAS PGGCM
- Fine Arts: B.F.A.
- Business Management: B.A. MBA
- Oriental Medicine: M.S.O.M DOM
- Theology: B.A. M.A. M.Div. D.Min.
- Certificate Programs: ECE (Early Childhood Education) MMT (Medical Massage Therapy)

Intended Entry Term 입학예정 학기 ____ Winter ____ Spring ____ Summer ____ Fall Year (20 ____)

Please answer if you are applying for M.Div. and D.Min. M.Div.와 D.Min. 신청자만 답하십시오.

Have you been baptized? 세례유무 Yes No If yes, when? 수세일 _____

Church background: What is your denominational affiliation? 교단 _____

Current Church 출석교회 _____

Minister's Name 담임목사 _____ Years in attendance 출석기간 _____

Are you an ordained minister? 목사님이십니까? Yes No Date ordained 목사안수일 _____

Educational Background 학력

List high schools, colleges or universities you have attended (Most recent first) 출석했던 고등학교 또는 대학교들을 최근 것부터 열거하십시오)

1. Name of school 학교이름 _____

Location (City/State/Country) 소재지 _____

From	To	Degree (Diploma, Certificate)	Major	Graduation Date
------	----	-------------------------------	-------	-----------------

2. Name of school 학교이름 _____

Location (City/State/Country) 소재지 _____

From	To	Degree (Diploma, Certificate)	Major	Graduation Date
------	----	-------------------------------	-------	-----------------

3. Name of school 학교이름 _____

Location (City/State/Country) 소재지 _____

From	To	Degree (Diploma, Certificate)	Major	Graduation Date
------	----	-------------------------------	-------	-----------------

Reference 추천인 (DOM, D.Min., M.Div. programs only 한의학 박사과정, 목회학 박사과정, 목회학 석사과정만 해당)

Who will be supplying for your recommendations? (Attach Recommendation Form to your application.) 아래에 추천인 성명과 전화번호를 기재해 주시기 바랍니다. (입학서류 가운데 포함되어 있는 추천서 용지에도 기재를 해주시기 바랍니다.)

Name	Phone number	Name	Phone number
_____	_____	_____	_____
_____	_____	_____	_____

Please Read Before Signing 아래의 내용을 읽고 서명하시기 바랍니다.

I certify that the information I have provided is true and complete to the best of my knowledge. I agree to be respectful of Stanton University's mission and will abide by the rules and regulations contained in the current catalog. I understand that all required submissions to Stanton University become the property of the Stanton University and will not be forwarded to me. 본인이 진술한 내용은 사실이며 틀림이 없습니다. 본인은 스탠튼 대학교의 요람에 기재된 목표와 교칙을 준수할 것을 약속합니다. 본인이 스탠튼대학교에 제출한 모든 서류들은 학교의 소유이며 반환되지 않음을 알고 있습니다.

Signature _____ Date _____

Please return to 보내실 곳: **Stanton University Office of Admissions and Records**
9618 Garden Grove Blvd., Suite 201, Garden Grove, CA 92844