INTERNATIONAL APPLICATION FOR

Master of Arts in Theology

For information on Undergraduate, Credential, or Colloquy, please contact the Admission Office for appropriate application.

UNIVERSITY MISSION STATEMENT

Concordia University Irvine, guided by the Great Commission of Christ Jesus and the Lutheran Confessions, empowers students through the liberal arts and professional studies for lives of learning, service and leadership.
Please send application form and requested items to:
Attn: MA Theology
Concordia University
1530 Concordia West
Irvine, CA 92612-3203
or
carrie.donohoe@cui.edu

To complete your admission file we will need:
1. Completed Application
2. Application fee of $150 (USD)
3. Official Transcripts and Evaluations
4. Completed Statement of Intent (Form available online at cui.edu/matheology)
5. Two Completed Reference Forms (Forms available online at cui.edu/matheology)
6. Proof of English Proficiency TOEFL (PBT 550 / IBT 79-80) / IELTS (6.5) - Score from within the past two years

Please PRINT or type

Applicant’s name ________________________________________________________________

Family Name __________________________ First Name ___________________________ Middle Names __________________________ Given Name __________________________

Semester you plan to enroll at Concordia: Fall 1: 20____ Spring 1: 20____

Summer 1: 20____

Fall 2: 20____ Spring 2: 20____

Summer 2: 20____

US ADDRESS (if available)
Street __________________________________________ City ____________________________ State __________ Zip________

NATIVE COUNTRY ADDRESS (I-20 will be mailed to this address)
Street ________________________________________________________________________________

City ____________________________________________ Permanent/Province ________________________ Postal Code_____________

Facebook Email: ________________________________________________________________

Twitter Username: ________________________________________________________________

Cell phone: ( ) ____________-____________________

E-mail address: ________________________________________________________________________________________________

List only active address that you check frequently. This e-mail address will be used for electronic communication between the university and you.

PERSONAL BACKGROUND
Date of birth ________/______/______ Place of Birth __________________________________________

Month Day Year City State Country
gender: Male Female Country of Citizenship:

Native Language: __________________________________________

Have you been found guilty, been adjudicated guilty, or otherwise been convicted of a crime in any court? (excluding minor traffic violations)

Yes ☐ No ☐ If you answered yes to either question above, please attach a full description including date(s) and disposition of case.

Where do you currently work? __________________________________________________________

PROGRAM APPLYING FOR
☐ Master of Arts in Theology, with an emphasis in:

☐ Research

☐ Christian Education Leadership with DCE Certification

☐ Theology and Culture

☐ Youth Ministry (Cohorts begin Fall 2015)

☐ Christian Education Leadership

☐ Apologetics (Cohorts begin Fall 2016)

☐ Pastoral Certification (Cross-cultural Ministry Center)

PREVIOUS EDUCATION
1. College/University Name __________________________________________ City ____________________________ State __________

Dates attended ___________________________ Units completed at the time of application ___________________________

Degree and Date Received ___________________________ Cumulative GPA (based on a 4.0 scale) ___________________________
2. College/University Name ______________________________________ City __________________________________ State ___________ 

Dates attended ____________________________________ Units completed at the time of application ____________________________

Degree and Date Received ____________________________ Cumulative GPA (based on a 4.0 scale) ___________

(List additional schools attended on a separate sheet.)

### RELIGIOUS AFFILIATION

- Lutheran Church – Missouri Synod
- Baptist
- Evangelical Lutheran Church of America
- Catholic
- Non-Denominational Christian
- Methodist
- Presbyterian
- None
- Other
- Lutheran Church – Missouri Synod
- Baptist
- Evangelical Lutheran Church of America
- Catholic
- Non-Denominational Christian
- Methodist
- Presbyterian
- None
- Other

Congregation name ____________________________________ Pastor's name __________________________________

Congregation address __________________________________________________________________________________________

City __________________________________________ State ___________ Zip __________ Phone ( ) ______________

### RACE/ETHNICITY

Do you consider yourself to be Hispanic/Latino?  
- Yes  
- No

In addition, please select one or more of the following racial categories to describe yourself:

- American Indian or Alaskan Native
- Vietnamese
- Mexican
- Filipino
- White or Caucasian
- Japanese
- Cuban
- Other Asian
- Black or African American
- Korean
- Puerto Rican
- Other Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Chinese
- Asian Indian
- South or Central American

### VISA INFORMATION

Are you currently in the U.S.?  
- No  
- Yes; Visa Status:  
- F1  
- H1  
- L1  
- Other ___________

Visa Issue Date __________________________ Visa Expiration Date __________________________

Passport Expiration Date __________________________ SEVIS Tracking Number N __________________________

Are you transferring from a school in the U.S.A?  
- No  
- Yes; Please complete section below.

If you are a transfer student, will you be leaving the U.S.A before starting your program?  
- No  
- Yes; Departure date: __________________________

If transferring from another school in the U.S.A., you are required to provide a copy of the following documents:

1. All the I-20's from the schools you have attended
2. Your passport photo page
3. The front and back of your I-94 form
4. Your transfer form
5. Your visa.

### DEPENDENTS' INFORMATION (for F-2 Visa)

Do you intend to bring your spouse or children with you?  
- No  
- Yes; Please complete the section below and submit a photocopy of each passport.

**Dependent #1**

Family name: ___________________________________________ First Name: ______________________________

Middle Name(s): ________________________________________

- Male  
- Female  

   Date of Birth (month/day/year): ________ Country of Birth __________________

   Relationship to you: ____________________________

**Dependent #2**

Family name: ___________________________________________ First Name: ______________________________

Middle Name(s): ________________________________________

- Male  
- Female  

   Date of Birth (month/day/year): ________ Country of Birth __________________

   Relationship to you: ____________________________

(List additional dependents on a separate sheet.)
How Did You Hear About Concordia University Irvine?

Why Did You Choose Concordia University Irvine?

NONDISCRIMINATION POLICY
Concordia University does not discriminate on the basis of race, color, national and ethnic origin, sex, or disability in any of its policies, procedures or practices. This includes but is not limited to admissions, employment, financial aid, educational services, programs and activities. Inquiries regarding this policy may be directed to the Vice President of Administration at Concordia University, 1530 Concordia West, Irvine, CA 92612-3203

CERTIFICATION
I certify that to the best of my knowledge the information furnished in this application is true and complete. I agree that if such information, or any information upon which my admission is based, is not true or complete, Concordia University may rescind my degree. I further agree that if admitted, I will abide by the rules and regulations of Concordia University including, but not limited to, those rules contained in the current Concordia University catalog. I acknowledge that all official transcripts which I forward to Concordia University become the property of Concordia University and will not be forwarded to any institution nor returned to me.

I also understand that I am not eligible for financial aid unless I am accepted into a post-baccalaureate or graduate program. I am not eligible to receive financial aid for any courses taken prior to admission to the graduate program.

Applicant's signature  Date