



CALIFORNIA GRADUATE SCHOOL OF THEOLOGY

11277 Garden Grove Blvd., 2nd Fl., Garden Grove, CA 92683

Tel 714.636.1722 | Fax 714.636.1725 | www.cgsot.edu

APPLICATION FOR ADMISSION

INSTRUCTIONS

1. Please complete and return to: California Graduate School of Theology:
11277 Garden Grove Blvd. Garden Grove, CA 92843
Attention: Admissions
Please include your application fee of \$100.00 (non-refundable).
2. Official transcripts from schools attended (beyond high school) must be forwarded to:
California Graduate School of Theology
11277 Garden Grove Blvd. Garden Grove, CA 92843
Attention: Admissions

**DATE OF
ENTRANCE
EXPECTED UPON
ACCEPTANCE:**

GENERAL INFORMATION

SEMESTER YEAR

Name: _____
Last First Middle

Fall 20 ____

Address: _____

Spring 20 ____

City: _____ State: _____ Zip: _____

Winter Intensive
20 ____

Home Phone: () _____ Work Phone: () _____

Spring Intensive
20 ____

Church Served/Attending: _____

Summer Intensive
20 ____

Church Address: _____

City: _____ State: _____ Zip: _____

Present Position in Church: _____ Email: _____

DEGREE DESIRED: _____

PERSONAL Age: _____ Date of Birth: ____/____/____ Birthplace: _____

Social Security Number: _____ - _____ - _____ Country of Citizenship: _____

Type of Visa (if applicable): _____ Single _____ Married - Name of Spouse: _____

PLEASE LIST ALL SCHOOLS ATTENDED (BEYOND HIGH SCHOOL):

School	City/State	Years Attended	Degree	Date Received
		-		
		-		
		-		
		-		

CHRISTIAN EXPERIENCE

Write a brief explanation of your conversion experience, why you desire to attend California Graduate School of Theology, and what you hope to gain from your studies. Your answer must be no more than two pages, typed with double spacing, and is to be sent with the application.

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

___ Pastor (___ years) ___ Chaplain (___ years) ___ Christian Education (___ years)
___ Missionary (___ years) ___ Youth Worker (___ years) ___ Music Director (___ years)
___ Evangelist (___ years) ___ Christian Counselor (___ years) ___ Other: _____ (___ years)

If licensed, when? _____ By what organization? _____

If ordained, when? _____ By what organization? _____

LETTERS OF RECOMMENDATION

Give names and complete addresses of persons to whom you have given the blanks for reference letters as part of this application:

Pastor: _____ Tel (_____) _____

Address _____

City _____ State _____ Zip Code _____

Academic: _____ Tel (_____) _____

Address _____

City _____ State _____ Zip Code _____

Friend: _____ Tel (_____) _____

Address _____

City _____ State _____ Zip Code _____

(For Office Use Only)
Date received: _____
Application Fee (\$100): _____
Date Admitted: _____

In making application to become a student at the California Graduate School of Theology, I pledge myself to abide by the regulations of the administration and faculty; to protect the good name of the School; and to cooperate with all members of the Graduate School family in maintaining a Christian fellowship. I acknowledge that mere acceptance and attendance of classes do not guarantee graduation and I will strive to meet all requirements.

Signature _____ Date _____