



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: _____ Date of Birth: _____
(Last) (First) (MM) (DD) (YYYY)

Address: _____

Telephone: { _____ } E-Mail: _____

Country of Citizenship: _____

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 Gender: Male Female

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: _____