



MCM Korean track program
Application for Admission
Graduate



Admission Process Checklist

2100 W. Orangewood Ave., Suite 100
Orange, CA 92868
888-352-HOPE
FAX: (714) 681-7450
sgpsadmissions@hiu.edu

Send these five items to the Online and Graduate Admissions:

1. A completed graduate application for admission.
2. An application fee in the form of a check, credit card, or money order made payable to Hope International University.
3. A 250 - word definitive Statement of Purpose explaining your reasons for desiring to attend Hope International University.
4. Two reference forms filled out by 1) an educator, and 2) an employer or church leader. (References must be sent directly from recommender to the Graduate and Adult Admissions office.)
5. Official transcript(s) from an accredited university or college confirming completion of an undergraduate degree and any completed graduate work. Applicants desiring to be considered for waiver of transfer or prerequisite courses must submit relevant transcripts indicating graduate level courses or undergraduate courses respectively with a satisfactory grade of B or better. If any college work is in progress at the time of this application, a final transcript with your degree posted must be sent when the work is complete. (Transcripts must be sent directly from institutions to the Graduate and Adult Admissions office.)

Application Check List: (for your records)

- Graduate Application for Admission
- Application fee
- Statement of Purpose or Comprehensive Career Statement (*M.A. in MFT applicants only*)
- Reference Form #1 Given to: _____
- Reference Form #2 Given to: _____
- Course by course transcript evaluation

Transcripts requested from:

- College 1 _____ Date requested ____/____/____
- College 2 _____ Date requested ____/____/____
- College 3 _____ Date requested ____/____/____

International Students: (Please submit the following additional required documents)

- Financial Bank statements
- Affidavit of financial support
- SEVIS I-20 application

6. Course by course transcript evaluation by World Education Services. Go to www.wes.org and apply for a “course by course” transcript evaluation. Make sure to have copy of evaluated transcripts to be sent directly to the Graduate and Adult admissions office: 2100 W. Orangewood Ave., Ste 100, Orange, CA 92868.



Online and Graduate Admissions

Request for Official Transcript

2100 W. Orangewood Ave., Suite 100
Orange, CA 92868
888-352-HOPE
FAX: (714) 681-7450
sgpsadmissions@hiu.edu

To: Registrar

College _____

Please send an official transcript to: *Online and Graduate Admissions*
Hope International University
2100 W. Orangewood Ave., Suite 100
Orange, CA 92868-1952

Student Name _____
Last First Middle

Address _____
Street City State Zip

Name(s) registered under _____ Date of Birth ____ / ____ / ____

Social Security # ____ - ____ - ____ I was a student from _____ to _____

Student's Signature _____ Date _____

31500111



Online and Graduate Admissions

Request for Official Transcript

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To: Registrar

College _____

Please send an official transcript to: *Online and Graduate Admissions*
Hope International University
2100 W. Orangewood Ave., Suite 100
Orange, CA 92868-1952

Student Name _____
Last First Middle

Address _____
Street City State Zip

Name(s) registered under _____ Date of Birth ____ / ____ / ____

Social Security # ____ - ____ - ____ I was a student from _____ to _____

Student's Signature _____ Date _____

31500111



Application for Admission Graduate

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Return this application with a non-refundable application fee of \$40.00 payable to Hope International University. *(Waived for Graduates of HIU.)*

Mr. Ms. Mrs. (circle one)

Applicant's Name _____
Last First Middle (Maiden)

Current Address _____
Street City State Zip

Email Address _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____ Gender (circle one) Male Female Soc. Sec.# _____

Are you a citizen of the United States of America? (circle one) Yes No If no, of what country? _____

If you are not a U.S. citizen, please indicate your immigration status:
 International Student Visiting Scholar
 Permanent Resident Resident Alien
 Other

How did you hear about the program? Print Ad Radio Fair Church Affiliation Alumni Mailer Current Student
 Internet Search Engine Other _____

Program for which you are applying:

- Master of Church Music (MCM) Korean track program
- Master of Education
- Master of Arts in Education Administration
- M.Ed. with Multiple Subject Teaching Credential
- M.Ed. with Single Subject Teaching Credential
- M.A. Education Administration with Preliminary Administrative Service Credential
- Multiple Subject Teaching Credential
- Single Subject Teaching Credential
- Administrative Service Credential
- Master of Science in Management: International Development, Non Profit, Marketing, Human Resource, Global Business
- Master of Business Administration: International Development, Non-Profit, Marketing, Human Resource, Global Business
- Grad Certificate in International Development
- Master of Arts- Emphasis: Christian Leadership, Church Planting, Inter-Cultural, Worship
- Master of Arts Marriage and Family Therapy

Term for which you are applying: Year 20 ____

- Fall
- Spring
- Summer

Post Secondary Educational Background (regardless of degree completion)

College or University	City and State	Attended (From - To)	Major	Degree Type/Mo./Yr.	GPA	Units Finished

Military Service: Yes No Branch: _____ Discharge Date: _____ (if applicable)

(continued on next page)

Ethnic Origin (Optional)

American-Indian Caucasian African American Hispanic Asian or Pacific Islander

Other (please specify) _____

I am bilingual. Language(s) _____

Date of Birth ____/____/____ Birthplace _____
City State Zip

Status (circle one) Single Widowed Divorced Married If married, Name of Spouse _____

Education Applicants Only

Test Results

Date CBEST taken: _____ Results: _____ Plan to take: _____

Date CSET taken: _____ Results: _____ Plan to take: _____

Employer Information

Name _____ Phone (_____) _____ - _____

Address _____

Position or Job Title _____ Date of Employment _____

References

Note: For Education Department applicants, one reference must be from a person who has witnessed your work/supervision with children.

Name _____ Title _____ Phone Number (_____) _____ - _____

Address: _____
City State Zip

Name _____ Title _____ Phone Number (_____) _____ - _____

Address: _____
City State Zip

Financial Aid Information

Do you plan on applying for financial aid? Yes No

I will receive aid from an Employer Other: _____

Statement of Purpose

Please attach a written statement of purpose (250 words) indicating why you desire to attend Hope International University. In lieu of the statement of purpose, MFT applicants are required to complete a comprehensive career statement (see addendum) as well as an interview as part of the admission requirements.

If admitted, I hereby grant permission for use of my name and/or photograph in publicity, publications, and/or advertising for Hope International University.

Yes No

I hereby certify that the information contained in this application is accurate and complete to the best of my knowledge. If admitted to Hope International University, I commit to abide by all the rules and regulations of the institution, and to apply myself to study and to fulfill the course requirements to the best of my ability. I understand that all admissions materials or information submitted becomes the property of the university and are not returnable.

HOPE INTERNATIONAL UNIVERSITY does not discriminate in its admission decisions on the basis of race, color, national origin, marital status, physical handicap, medical condition, or gender.

Applicant's Signature (Required) _____ Date _____

"Empowering students through Christian higher education to serve the Church and impact the world for Christ."

Return completed application to:

Online and Graduate Admissions

Hope International University, 2100 W. Orangewood Ave., Ste. 100, Orange, CA 92868



Graduate Reference

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This form may be duplicated or a separate letter of reference may be used. Reference letters must not be dated over 6 months.

Name of Candidate _____ Date _____
Last First Middle

I, _____, waive my right of access to see this letter of reference.
Student Signature

I, _____, do not waive my right of access to this letter of reference.
Student Signature

The above-named candidate has applied for admission into the Education Ministry Management Psychology and Counseling Department at Hope International University. Please complete this form to the best of your ability and mail it to the address below.

How long have you known the candidate? _____

In what capacity? _____

Compared to individuals you have known at a similar level of development, please rate the candidate on the following items by checking the appropriate box.

	Excellent	Good	Fair	Weak	N/A
Academic Ability					
Communication Skills					
Cooperation					
Creativity					
Dependability					
Leadership					
Motivation					
Potential for Success in Education					

Comments (use back of page if necessary):

Name _____ Phone _____

Address _____ Institution/Employer _____

 Position _____

Signature Date

Mail this form to Online & Graduate Admissions, Hope International University, 2100 W. Orangewood Ave., Ste. 100, Orange, CA 92868.

