MCM Korean track program
Application for Admission
Graduate
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.
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  
2100 W. Orangewood Ave., Suite 100  
Orange, CA 92868-1952  
888-352-HOPE  
FAX: (714) 681-7450  
sgpsadmissions@hiu.edu
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 ________________________________________________________________

Current 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
- 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
- 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
- Summer

Post Secondary Educational Background (regardless of degree completion)

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<th>College or University</th>
<th>City and State</th>
<th>Attended (From - To)</th>
<th>Major</th>
<th>Degree Type/Mo./Yr.</th>
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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
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 _______________________________

I, ________________________________________________________________ , waive my right of access to see this letter of reference.

I, ______________________________________________________________ , do not waive my right of access to this letter of reference.

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.

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<td>Potential for Success in Education</td>
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Comments (use back of page if necessary):

___________________________________________________________________________________________

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___________________________________________________________________________________________

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.