



China Evangelical Seminary North America

1520 W. Cameron Ave., Suite 275, West Covina, CA 91790

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E-Mail: info@cesnac.org

Web: www.cesnac.org

(For Office Use Only)

Date Record : ____/____/____

Doctor of Ministry

APPLICATION FOR ADMISSION

1. Date of Application: ____/____/____

2. Date of Intended Entrance: _____

3. Name: (English) _____

Last

First

MI

(Chinese) _____

4. Social Security/Insurance No. _____ -- _____ -- _____

5. Birth date: _____ Birthplace: _____

6. Mail Address: _____

7. Tel: () _____ () _____ E-Mail _____
Home Office

8. Current Status in U.S.A

☐ U.S Citizen ☐ Canadian Citizen ☐ Permanent Resident

☐ Employment Authorization Document Type _____

☐ VISA Type _____

I-20 : ☐ Yes \ ☐ No

9. Marriage Status: ☐ Married ☐ Single ☐ Separated

10. Spouse's: Name: _____ Birth date: _____ Birthplace: _____

11. Children: Name: _____ Birth date: _____ Birthplace: _____

Name: _____ Birth date: _____ Birthplace: _____

Name: _____ Birth date: _____ Birthplace: _____

Name: _____ Birth date: _____ Birthplace: _____

Fee: _____ Witness _____
Photo: _____ (3)
Transcripts: _____
Diploma: _____
Recommendation Letter :
A _____ B _____ C _____
Proposal : _____
Research Paper: _____

Attach Photo
(2x2 inches) Here

Name: _____ Birth date: _____ Birthplace: _____

12. Languages Used: _____

Languages Spoken: _____

13. Education Background: Please list the four most recent schools attended after College, including Bible Institute and Seminary.

Name of School	Location	Date Entered	Date Left	Major	Degree	Date Rec'd

Official Transcripts from each attended Seminary listed above is required.

14. Work Experience: Please list the two most recent jobs you have held.

Organization	Position	Began mo / yr	Left mo / yr	Reference Name and Phone Number

15. Church Membership: _____

Denomination: _____

16. Have you been licensed for the ministry? (Yes \ No)

(If Yes) Date _____ By what church? _____

17. Have you been ordained? (Yes \ No)

(If Yes) Date _____ By what church? _____

18. Persons writing recommendation letters for you:

a. Name: _____ Phone (Home) _____
Phone(Office) _____

Address: _____

b. Name: _____ Phone (Home) _____
Phone(Office) _____

Address: _____

c. Name: _____ Phone (Home) _____
Phone(Office) _____

Address: _____

Signature of Applicant: _____ Date _____

Note: *Fill out this form completely, and send it to China Evangelical Seminary North America with three recent photos, your personal testimony, and the application fee (**US \$100.00**).
Please have schools send official transcripts to **China Evangelical Seminary North America**
(1520 W. Cameron Ave., Suite 275, West Covina. CA 91790)

Date _____

