



Name: \_\_\_\_\_

What degree are you applying for: \_\_\_\_\_

Have you ever been arrested with a felony charge \_\_\_yes \_\_\_no

If yes, please explain \_\_\_\_\_

Please list 2 references with email or phone numbers.

1. Name \_\_\_\_\_ Ph \_\_\_\_\_ email \_\_\_\_\_

2. Name \_\_\_\_\_ Ph \_\_\_\_\_ email \_\_\_\_\_

All students, students, must write their checks for application fees (\$60) and program fees (Associates through Master 2: \$400, Doctorate and Ph.D.: \$640) to: **CMM**, your tuition invoice will have payment details from then on; payment plans are available. Payments can also be made online at <http://cmmtheology.org>

\_\_\_\_\_ Transcripts and diploma

\_\_\_\_\_ Passport size photo (In color, good photo quality, 2” x 2” or 51mm x 51mm in size

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# CMM College of Theology

## APPLICATION FOR ADMISSION

\*PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION\*

**Please PRINT clearly:**

Last Name _____		<i>(First)</i>	<i>(Middle or Maiden)</i>	
HOME PHONE _____	WORK PHONE _____	CELL PHONE _____		
SOCIAL SECURITY # _____	DATE OF BIRTH (MM/DD/YEAR) _____ / _____ / _____		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER _____				
PLACE OF BIRTH (City and State) _____			NAME OF SPOUSE _____	
MAILING ADDRESS _____				APARTMENT # _____
CITY _____		STATE _____	ZIP _____	
EMAIL ADDRESS _____				

**Program Of Desired Enrollment** \_\_\_\_\_

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**Degree Level of Desire**     Associate     Bachelor     Masters     Doctorate     Ph.D.

### BACKGROUND INFORMATION

Present Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Local Church: \_\_\_\_\_

Address: City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Are you a minister  Yes  No    Licensed?  Yes  No    Ordained?  Yes  No     Other? \_\_\_\_\_

How long have you been in full-time service? \_\_\_\_\_ years    \_\_\_\_\_ months

To what denomination or organization do you belong or classify yourself? \_\_\_\_\_

Reference: Relative/Friend: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

### ETHNIC ORIGIN *(This information required by the Civil Rights Act)*

Caucasian (Non-Hispanic)     Asian Pacific Islander     Hispanic     Black (Non-Hispanic)     American Indian / Alaskan

Other: Specify \_\_\_\_\_

### CITIZENSHIP

Country of Birth \_\_\_\_\_ Are you a citizen of the United States  Yes  No

If No, please answer the following questions:

Of what country are you a citizen? \_\_\_\_\_

Are you a permanent U.S. resident?  Yes  No    Alien Registration # \_\_\_\_\_

Do you presently have a U.S. Visa?  Yes  No    If yes, what type? \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**EDUCATION INFORMATION**

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you did not graduate, have you obtained a GED? [ ] Yes [ ] No When? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*List ALL colleges attended in chronological order (latest last)...Attach additional sheets, if necessary.*

Name of Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Hours Earned: \_\_\_\_\_  Semester  Quarter

Name of Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Hours Earned: \_\_\_\_\_  Semester  Quarter

Name of Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

Hours Earned: \_\_\_\_\_  Semester  Quarter

Are you currently enrolled in the last institution attended?  Yes  No If so, what will be your last date of

attendance? \_\_\_\_\_ Are you eligible for re-admission to any of

the institutions listed?  Yes  No If no, are reasons  Academic?  Disciplinary?  Other (attach explanation)

**ADDITIONAL INFORMATION**

Have you ever been convicted for the violation of any federal, state, county, or municipality law? (Excluding minor traffic violations)  Yes  No If yes, give full details on an attached sheet.

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>■ \$60 Non-Refundable Application Fee must be submitted with application.</li> <li>■ Upon approval, one-third of Tuition must be at registration.</li> <li>■ Textbook Fees must be paid before receipt of any materials.</li> </ul> | <ul style="list-style-type: none"> <li>■ Graduation Fees must be paid each year, as follows:               <ul style="list-style-type: none"> <li>- Doctoral Graduates BEFORE 1st Week of March;</li> <li>- other Graduates BEFORE 1st Week of April</li> </ul> </li> <li>■ Balance of Tuition must be paid by April 15th of each year.</li> </ul> |
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*I have completed this application to the best of my ability and have been truthful to the best of my knowledge in answering all questions. I do hereby agree to abide by the high ethical standards set forth by the North Carolina College of Theology and to conduct myself in accordance to the expectation of NCCT in order for my life to bring glory and honor to the Lord, Jesus Christ.*

*I have read the Statement of Faith of the North Carolina College of Theology and agree to follow its doctrinal stand in accordance to the Word of God.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please type your name as you want it to appear on your diploma.

Name \_\_\_\_\_

School CMM College of Theology  
Address PO Box 7705  
Charlotte, NC 28241  
Phone 704-225-3927  
Fax 1-888-816-0725

PLEASE PRINT

Please return this application and fees to Jorge Parrott, President. All documents go to Jorge Parrott, PO Box 7705, Charlotte, NC 28241.

**Please tell us about your ministry experience.**