CMM
COLLEGE OF THEOLOGY
LEARN. GROW. GO.

Name:_____

What degree are you applying for:_____

Have you ever been arrested with a felony charge ☐ Yes ☐ No

If yes, please explain on a separate sheet of paper.

Please list 2 references with email or phone numbers.

1. Name_____Ph_____email _____

2. Name_____Ph_____email _____

All students must write their checks (or pay online) for application and start fees (Associate through Master 2: $480.00; Doctor of Ministry $700; Doctorate of Theology and Ph.D. $900.00) to: **CMM**, your tuition invoice will have payment details from then on; payment plans are available. Checks can be made to: CMM at PO 7705 Charlotte, NC 28241 or sent 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

CMM College of Theology
APPLICATION FOR ADMISSION
PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION

Please TYPE or PRINT clearly

NAME

Last _____ First _____ Middle or Maiden _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

SOCIAL SECURITY _____ DATE OF BIRTH ____/____/____ SEX ☐ MALE ☐ FEMALE

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ OTHER _____

PLACE OF BIRTH (City and State) _____ NAME OF SPOUSE _____

MAILING ADDRESS _____ APARTMENT # _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

Program of Desired Enrollment

Degree of Enrollment: ☐ Certificate ☐ Associates ☐ Bachelor ☐ Master ☐ Doctorate ☐ CPhD ☐ Chaplaincy

Degree Goal: ☐ Certificate ☐ Associates ☐ Bachelor ☐ Master ☐ Doctorate ☐ CPhD ☐ Chaplaincy

BACKGROUND INFORMATION

Present Occupation:_____How Long?_____

Employer: _____

Name of Local Church: _____

Address: City:_____State_____Zip_____

MINISTRY & CHURCH INFORMATION

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:

Are you a permanent US resident? ☐ Yes ☐ No

Do you presently have a US Visa? ☐ Yes ☐ No

EDUCATION INFORMATION

Name of High School: _____

City:_____ County:_____ State: _____

Date of Graduation: _____

If you did not graduate, have you obtained a GED Yes No. If so, when?_____

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)

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

Upon approval application & start fees due ~ Balance of tuition must be paid by April 15 ~ Checks written to CMM

Application & start fees (Associate - Master 2 $480.00; Doctorate $900.00) Checks payable to **CMM**, tuition invoice has payment details after start fees; payment plans available. Mail payments: CMM at PO 7705 Charlotte, NC 28241 or online http://cmmtheology.org

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 herby agree to abide by the high ethical standards set forth by the CMM College of Theology and to conduct myself in accordance to the expectation of CMM in order for my life to bring glory and honor to the Lord, Jesus Christ. I have read the Statement of Faith of the CMM 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

PLEASE PRINT ,

Please return this application and fees to Jorge Parrott, President.

After you fill this application out, please save it on your computer. Email it to info@cmmtheology.org

Or mail it to Jorge Parrott, PO Box 7705, Charlotte, NC 28241.

Please tell us about your ministry experience.