



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 _____

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"> ■ \$60 Non-Refundable Application Fee must be submitted with application. ■ Upon approval, one-third of Tuition must be at registration. ■ Textbook Fees must be paid before receipt of any materials. | <ul style="list-style-type: none"> ■ Graduation Fees must be paid each year, as follows: <ul style="list-style-type: none"> - Doctoral Graduates BEFORE 1st Week of March; - other Graduates BEFORE 1st Week of April ■ Balance of Tuition must be paid by April 15th of each year. |
|--|--|

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.