



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.

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)

Signature

Date

CMM College of Theology APPLICATION FOR ADMISSION

PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION

Please **PRINT** clearly

Last Name _____	First _____	Middle or Maiden _____
HOME PHONE _____	WORK PHONE _____	CELL PHONE _____
SOCIAL SECURITY # _____	DATE OF BIRTH (MM/DD/YEAR) _____	SEX: ___MALE ___FEMALE
MARITAL STATUS: ___SINGLE ___MARRIED ___DIVORCED ___OTHER _____		
PLACE OF BIRTH (City and _____	NAME OF SPOUSE _____	
State) MAILING ADDRESS _____	APARTMENT # _____	
CITY _____	STATE _____	ZIP _____
EMAIL ADDRESS _____		

Program of Desired Enrollment

Degree of enrollment ___Associates ___Bachelor ___Master ___Doctorate ___Ph.D.
Degree Goal ___Associates ___Bachelor ___Master ___Doctorate ___Ph.D.

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 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.

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 hereby 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 ofTheology
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.