



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)

\_\_\_\_\_  
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 State) _____				NAME OF SPOUSE _____			
MAILING ADDRESS _____						APARTMENT # _____	
CITY _____			STATE _____		ZIP _____		
EMAIL ADDRESS _____							

Program of Desired Enrollment					
Degree of enrollment	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master	<input type="checkbox"/> Doctorate	<input type="checkbox"/> CPhD
Degree Goal	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master	<input type="checkbox"/> Doctorate	<input type="checkbox"/> CPhD

### 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, if so 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 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.

After you fill this application out, please save it on your computer. Email it to [info@cmmtheology.org](mailto:info@cmmtheology.org)

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

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