



CHONG SHIN UNIVERSITY IN U.S.A.

SCHOOL OF THEOLOGY / SCHOOL OF CHURCH MUSIC

APPLICATION FOR ADMISSION



> Read all statements carefully. Complete entire form. Print Clearly.

Spring 20__ Summer 20__ Fall 20__ Winter 20__

Social Security No. _____ - _____ - _____ Driver's License No. _____

Print Name

_____ (Last) _____ (First) _____ (Middle)

Birth Date

(Month) (Day) (Year)

Age

Gender

Male Female

_____ **Maiden or Former ECC Name**

Ethnic & Racial Survey (Optional) To determine accurately institutional compliance with the Federal Rights Act of 1964, The Department of Health, Education and Welfare requires to have each enrolling student provide the following data. Please Check Only One:

- A. American Indian or Alaskan Native
- E. Hispanic
- I. Unknown
- B. Asian: Country _____
- F. Philipians
- X. Decline to State
- C. Black (not of Hispanic, Origin)
- G. Pacific Islander
- D. White (not of Hispanic, Origin)
- H. Other

Current Address

(Do not write a P.O. Box in this space.)

_____ **City**

_____ **State**

_____ **Zip**

Daytime Phone () - **Cell** () -

If unmarried and under 18, Give information of Parent you resided with Last name of parent or court-appointed Guardian _____

Current Address

(Do not write a P.O. Box in this space.)

_____ **City**

_____ **State**

_____ **Zip**

Daytime Phone () - **Cell** () -

English is the language I speak most often Yes No

I expect to work _____ hours each week this semester

When did you present stay in America begin?

(Month) (Day) (Year)

Are you a U.S. Citizen?

Yes No

When did you present stay in California begin?

(Month) (Day) (Year)

OFFICE USE ONLY



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If not a United States Citizen
(Check only one)

Place of Birth _____

Country of Citizenship _____

1. Permanent Resident 2. Student F-1 Visa 3. Visitor B1/B2 4. Refugees 5. Processed 1551 for Perm. Res.
 6. Temporary Res./Amnesty 7. Other SPECIFY _____

Permanent Residence Admission Date

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(Month) (Day) (Year)

Type of Visa _____

Visa No. _____

Visa Valid Until

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(Month) (Day) (Year)

High School

(School) (City) (State) (From) (To)

(School) (City) (State) (From) (To)

College & University

(School) (State or Country) (Degree)

(School) (State or Country) (Degree)

(School) (State or Country) (Degree)

(School) (State or Country) (Degree)

(School) (State or Country) (Degree)

References (Office Use Only)

This is to certify that all statements indicated on these pages are true. I understand that falsification of any statement may result in cancellation of my registration.

X

Signature

Date