



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 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
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

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

Please tell us about your ministry experience.