

New Mt. Sinai Christian University
INTERNATIONAL



**Application for Admission:
Forms and Instructions**

2009 • 2011

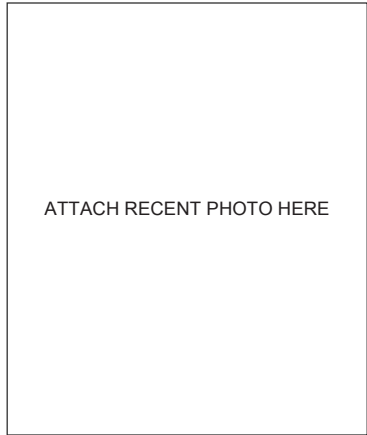


**New Mt. Sinai Christian University
International**
1170 Sunset Strip
Sunrise, Florida 33313

Send Correspondence to:
Post Office Box 16482
Fort Lauderdale, Florida 33318

For Admission Information
Telephone: (954) 306-9039
Fax: (954) 727-1830
Website: www.NMSCUNIVERSITY.org

APPLICATION FOR ADMISSION



Section 1

Desired Enrollment Date:

- Fall 20 _____
- Winter 20 _____
- Spring 20 _____
- Summer 20 _____

Section 2

Admission:

- First-Year Admission
- Transfer Admission
- Dual Enrollment
- Readmission

Section 3

Residential Plans

- On-Campus
- Off-Campus

1. PERSONAL DATA

FULL LEGAL NAME

- Miss Mrs. Mr. Rev. Dr.

Last _____ First (legal) _____ Middle Initial _____

Maiden Name _____ First Name you prefer to be called (if different from above) _____

Permanent Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Fax _____

Email (1) _____ Email (2) _____

Social Security Number _____ Date of Birth _____

Birthplace _____ Citizenship U.S. Other _____

If not a U.S. citizen, what type of visa do you hold? _____ Date of Expiration _____

Marital Status (*make all that apply*) Single Married Engaged Widowed Separated Divorced Remarried

Ethnic Background (*check one*) African American, Non Hispanic American Indian/Alaskan Native Asian, Pacific Islander

Hispanic White, Non Hispanic Mixed Race _____ What is your first language? _____

Spouse's Name (*if applicable*) _____ Date of Marriage ____/____/____

Name(s) of Child(ren) and date(s) of birth _____

Is your spouse in agreement with your plans to enter college/seminary?

New Mt. Sinai Christian University does not discriminate in its admission policies on the basis of race, color, national origin, gender, age, disability, status as a veteran, or any other characteristic protected by law.

2. SPIRITUAL DATA

When were you baptized in water? _____

What church do you attend? _____

What denomination is your home church? _____ Senior Pastor's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

How long have you regularly attended this church? _____ years and/or _____ months

3. LANGUAGE PROFICIENCY

Indicate any language(s) other than English in which you are proficient _____

Mark if you have studies either of these languages: Greek Hebrew

4. CHRISTIAN SERVICE *(attach another sheet if necessary)*

In what type(s) of Christian ministry have you been involved during the past 5 years? _____

What type(s) of Christian ministry will you enter after completing your studies at New Mt. Sinai Christian University? _____

Why do you want to attend NMSCU? _____

5. SPIRITUAL AUTOBIOGRAPHY

Please attach a detailed 2-3 page autobiography which describes your conversion experience, your present stage of Spiritual maturity, your call to ministry.

- (1) Explain your Christian faith and how you anticipate it will be influenced by attending NMSCUI.
- (2) In what ways will NMSCUI assist you in obtaining your life's goals?
- (3) Personal testimony.
- (4) Please include any other information you would like considered in the reviewing of your application.

Essay should be typewritten and no more than three double-spaced pages. Use one inch margins, type size 12 point font.

6. ENROLLMENT PLANS

I will enter as a Freshman Transfer Transient Student Returning NMSCU Student Audit Student
Term beginning Fall Winter Spring Summer Year 2 _____

I am applying for admission to the: *(please select one option below)*

Undergraduate Degree Programs

- Associate of Applied Science in Christian Leadership (60 credits)
- Bachelor of Science in Christian Education Leadership (120 credits)
- Bachelor of Arts in Bible and Humanities (120 credits)
- Bachelor of Arts in Biblical Studies (120 credits)
- Bachelor of Arts in Christian Clinical Counseling & Psychology (120 credits)
- Bachelor of Arts in Christian Business Management & Leadership (120 credits)
- Bachelor of Arts in Religious Education (120 credits)
- Bachelor of Arts in Youth Ministry (120 credits)

Master's Degree Programs

- Master of Business Administration in Executive Ministry Leadership (36 credits)
- Master of Arts in Pulpit Communication & Expository Preaching (36 credits)
- Master of Arts in Christian Political & Cultural Advocacy (36 credits)
- Master of Arts in Christian Management & Leadership (36 credits)
- Master of Arts in Conflict Management (36 credits)
- Master of Arts in Religious Education (36 credits)
- Master of Arts in Biblical Studies (36 credits)
- Master of Arts in Pastoral Ministry and Counseling (36 credits)
- Master of Arts in Christian Clinical Counseling & Psychology (48 credits)
- Master of Arts in Practical Ministry & Counseling
- Master of Theology (60 credits)
- Master of Divinity (60 credits)
 - Major in Bible & Theology
 - Major in Biblical Counseling
 - Major in Pastoral Ministry

Professional Doctoral Degree Programs

- Doctor of Ministry (36 credits)
 - Major in Biblical Counseling
 - Major in Christian Management & Leadership
 - Major in Pastoral Ministry
 - Major in Pulpit Communication & Expository Preaching
- Doctor of Education (42 credits)
 - Major in Biblical Counseling
 - Major in Christian Education
 - Major in Christian Theology
 - Major in Christian Management & Leadership
 - Major in Conflict Management
 - Major in Pulpit Communication & Expository Preaching

Research Doctoral Degree Programs

- Doctor of Theology (60 credits)
- Ph.D. in Christian Thought and Philosophy (60 credits)
- Ph.D. in Christian Clinical Counseling & Psychology (60 credits)
- Ph.D. in Church and State Studies (42 credits)

7. EDUCATION

High School you attended _____ City _____ State _____

Choose one: I have graduated from High School. Graduation date: (Month) _____ / (Year) _____

I will graduated from High School. Anticipated graduation date: (Month) _____ / (Year) _____

I have received my GED. Date received: (Month) _____ / (Year) _____ State _____

List all colleges, including New Mt. Sinai Christian University International, in which you have enrolled, even if no credit was earned. It is the responsibility of the student to provide official transcripts of all college work done to date. Failure to list all colleges attended is considered ground for immediate suspension or termination.

The applicant must request of the registrar of each college, university, and/or seminary he/she has attended to forward an official transcript to our Admissions Office. If the transcript does not show all the classes the applicant has taken, he/she must, at a later date, request another transcript so our records will be complete.

| NAME OF COLLEGE(S) ATTENDED | CITY | STATE | DATE ENTERED | LAST DATE ENROLLED | HOURS EARNED | DEGREE EARNED | ELIGIBLE TO REENTER? | |
|-----------------------------|------|-------|--------------|--------------------|--------------|---------------|----------------------|----|
| | | | | | | | YES | NO |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Have you ever been denied readmission, suspended, or placed on probation at this or any other institution? Yes No
If yes, please attach an explanation.

Academic honors, prizes, fellowships, etc., you have received (including honor societies) and to which you were elected: _____

8. CHRISTIAN SERVICE EXPERIENCE

Please indicate any teaching, administrative, pastoral, youth, music, Christian education or missionary service:

Organization _____ Location _____ Position _____ Dates _____

Describe any experience in evangelism and discipleship: _____

List books, pamphlets, or published articles you have written: _____

9. CHRISTIAN LIFE AND GOALS

How long have you known Christ as your personal savior? _____

Anticipated ministry: Pastor Assistant Pastor Youth Pastor Minister of Music Teacher

Minister of Christian Education Other _____

10. EMPLOYMENT EXPERIENCE

If currently employed, indicate position: _____

Please indicate any significant business, occupational, or military experience:

| Organization | Nature of Work | Dates (month/year) |
|--------------|----------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

11. GENERAL

What are the significant factors that influenced your choice of New Mt. Sinai Christian University?

- | | |
|---|---|
| <input type="checkbox"/> Present NMSCU Student / Friend | <input type="checkbox"/> Relative attending |
| <input type="checkbox"/> NMSCU Faculty Member | <input type="checkbox"/> Pastoral Referral |
| <input type="checkbox"/> NMSCU Representative | <input type="checkbox"/> Alumnus |
| <input type="checkbox"/> I am a NMSCU graduate | <input type="checkbox"/> Institutional Reputation |
| <input type="checkbox"/> Magazine ad in _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> NMSCU's website | |

12. APPLICATION FOR ADMISSION

I hereby apply for admission to New Mt. Sinai Christian University and certify that to the best of my knowledge the information given in this form is true. I understand that I am submitting confidential forms to persons named for reference on this application, and that these forms are to be returned by them directly to New Mt. Sinai Christian University's Admission Office. I waive my right to see the completed references. I understand that my file may be made available to any appropriate faculty member of administration officer of NMSCU.

Signature _____ Date _____

PLEASE REMIT APPLICATION / REGISTRATION FEE OF \$50.00 WITH THIS APPLICATION.

FOR OFFICE USE ONLY

Date of Acceptance _____
Date Posted _____
Cash _____
Check _____
Credit Card _____
Authorization Code _____

AFFILIATE CENTER STUDENTS ONLY

Affiliate Center _____
Faculty Approval _____
Date of Payment _____
Date of Submission _____

APPLICATION / REGISTRATION PAYMENT

For your convenience, we accept:

- | | |
|--|--|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Discover Card |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa |
| <input type="checkbox"/> Checking Debit Card | |

Card Number _____
Expiration Date _____
Amount Authorized _____
Billing Zip Code _____
Name on Card _____
Authorizing Signature _____