

MASTER OF ARTS IN MINISTRY

APPLICATION FOR ADMISSION

Apply online at wesley.indwes.edu

Date of Application _____

Ministerial Leadership (classroom) Ministerial Leadership (online) Youth Ministry (online)

Class location preferred: Marion, IN Online

Preferred Start Date: Fall Spring Summer Year _____

PERSONAL INFORMATION

Name _____
Last, First, M.I., Maiden

List all names that might appear on transcripts/documents _____
(include any changes due to marital status)

Home Address (Street, R.R., or PO Box) _____

City _____ State _____ Zip _____

Primary Email Address _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Fax (____) _____

Birth Date _____ Birth Place _____

Social Security Number _____ County of Residence _____

Are you planning on using financial aid? Yes No

Veteran's benefits? Yes No

Will your employer reimburse you for tuition? Yes No

If yes, what amount? _____

FOR INSTITUTIONAL REPORTING PURPOSES

Which of the following best describes your current citizenship status? U.S. Citizen Resident Alien Nonresident Alien

**If not a US citizen, include a copy of your visa or permanent residency status with your application.*

Which of the following best describes your ethnic heritage? Hispanic or Latino Not Hispanic or Latino

Select one or more of the following racial categories that apply to you. American Indian or Alaska Native Asian

Black or African American White

Native Hawaiian or Other Pacific Islander

Is English your primary language? Yes No

If you checked "No" to this question, please indicate your primary language. _____

Please submit a copy of your TOEFL scores if English is not your primary language. _____

Marital Status: Married Single Divorced Widowed

Gender: Male Female

MASTER OF ARTS IN MINISTRY
APPLICATION FOR ADMISSION continued

EDUCATIONAL BACKGROUND

High School Graduate GED Name of High School _____

Have you previously taken classes from Indiana Wesleyan University? Yes No Dates _____

Undergraduate study: List all colleges or universities attended and degrees earned.

| INSTITUTION | LOCATION | DATES | DEGREE | HOURS (EST.) |
|-------------|----------|-------|--------|--------------|
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Graduate study: List all colleges or universities attended and degrees earned.

| INSTITUTION | LOCATION | DATES | DEGREE | HOURS (EST.) |
|-------------|----------|-------|--------|--------------|
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EMPLOYMENT HISTORY

Current Employer _____ Work Phone (____) _____

Position _____ Full-Time Part-Time

Current Employment Start Date (mo/yr) _____

| PREVIOUS EMPLOYERS/ADDRESSES | POSITION | FULL/PART-TIME | START-END DATE (MO/YR) |
|------------------------------|----------|----------------|------------------------|
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A non-refundable application fee of \$25 MUST accompany this application. (Required from first-time IWU applicants only.)

I understand that I am responsible for the submission and receipt of official transcripts of my records, and that the University will accept for its permanent file only those transcripts issued directly to Indiana Wesleyan University by the registrar of each institution I have attended. Formal admission to Indiana Wesleyan University as a program participant is granted only after all admission materials have been received and all minimum standards are met. I certify that the statements submitted in this application for admission are correct to the best of my knowledge. I further Authorize Indiana Wesleyan University to make appropriate inquiries when necessary to certify the accuracy of my records, to conduct a sexual offenders screening, and verify my employment record if applicable. I understand that failure to answer any questions on this form truthfully and accurately might make me ineligible for admission to Indiana Wesleyan University or may result in my dismissal from the University.

Signature of Applicant _____ Date _____

The IWU security report can be accessed at www.indwes.edu/safety. This report includes crime statistics on certain reportable crimes, as well as IWU Safety Policies. The Policies cover alcohol and drug use, crime reporting and prevention, sexual assault, and other related matters. Anyone wishing a paper copy of the Policies may contact the Office of Regulatory Affairs at 765-677-2401 or regulatoryaffairs@indwes.edu.