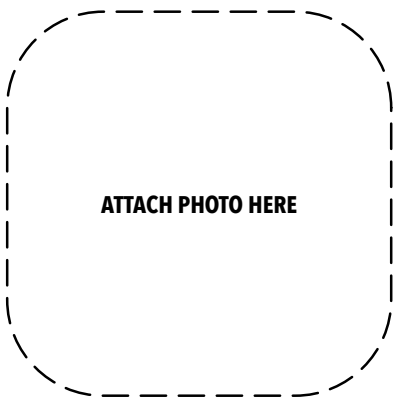


APPLICATION FOR ADMISSION



INTERNATIONAL REFORMED UNIVERSITY AND SEMINARY
125 S. Vermont Avenue, Los Angeles, CA 90004
TEL (213) 381-0081 | FAX (213) 381-0010 | www.irus.edu



APPLICATION PACKET CHECKLIST

- Signed Application Form
- \$100 Application Fee
- Photo (Passport Size)
- Academic Reference
- Ecclesiastical Reference
- Official transcript from all undergraduate schools
- TOFEL/TWE scores, if applicants is not a native English speaker

DEGREE PROGRAM FOR WHICH APPLICATION IS BEING MADE

- Bachelor of Arts in Christian Studies Master of Arts in Christian Studies Master of Divinity Doctor of Ministry E.S.L.

When do you plan to begin studies at International Reformed University and Seminary, Orange County Campus?

YEAR _____ Summer Fall Winter Spring

PERSONAL PROFILE

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

PHONE NUMBERS (Home) _____ (Mobile) _____

E-MAIL _____

CURRENT MAILING ADDRESS _____

PERMANENT MAILING ADDRESS _____

DATE OF BIRTH (MM/DD/YYYY) _____ PLACE OF BIRTH (City and State or Country) _____

SOCIAL SECURITY # _____ COUNTRY OF CITIZENSHIP _____

RACE/ETHNICITY (Please Check One)

- Native American or Alaskan American Black/African American Hispanic/Latin American
 Asian or Pacific American White, non-Hispanic Other/Specify _____

IF NOT A US CITIZEN, PLEASE CHECK APPLICABLE BOX

- Permanent Resident F-1/F-2 Visa B-1/B-2 Visa Processed 1551 for Permanent Residency
 Refugee Temporary Resident/Amnesty Other/Specify _____

NAME OF PARENT(S) OR CLOSEST RELATIVE, AND RELATIONSHIP TO YOU _____

ADDRESS _____

PHONE NUMBER _____

MARTIAL STATUS

- Single Married Widowed Separated Divorced

SPOUSE'S FULL NAME _____

NAME OF SPOUSE'S PARENT(S) _____

ADDRESS _____

PHONE NUMBER _____



ACADEMIC BACKGROUND

LIST ALL INSTITUTIONS ATTENDED BEYOND HIGH SCHOOL. PLEASE REQUEST THAT OFFICIAL TRANSCRIPTS BE SENT BY EACH INSTITUTIONS TO THE OFFICE OF ADMISSIONS, INTERNATIONAL REFORMED UNIVERSITY AND SEMINARY, 125 S. Vermont Avenue, Los Angeles, CA 90004.

NAME OF INSTITUTION	DATES ATTENDED	DEGREE OR DIPLOMA	YEAR RECEIVED

WHEN DO YOU INTEND TO RECEIVE YOUR BACHELOR'S DEGREE? *(If not already conferred)* _____

UNDERGRADUATE MAJOR(S) _____ MINOR(S) _____

GRADUATE MAJOR(S) _____ SPECIAL HONORS CONFERRED _____

HAVE YOU EVER BEEN REFUSED ADMISSION TO, OR BEEN DISMISSED FROM, A SEMINARY OR GRADUATE SCHOOL? *(Please Check One)*

YES NO IF YES, ATTACH STATEMENT WITH DETAILS.

IF YOU ATTENDED ANY SCHOOL LISTED ABOVE UNDER ANY OTHER NAME(S) _____

TOEFL/TWE | APPLICANTS WHOSE NATIVE LANGUAGE IS OTHER THAN ENGLISH MUST TAKE THE TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL). APPLICANTS MUST REQUEST THAT THE EDUCATIONAL TESTING SERVICE (ETS) SEND A TRANSCRIPT OF THEIR SCORES DIRECTLY TO THE SEMINARY. APPLICATIONS CANNOT BE PROCESSED UNTIL THE SCORE TRANSCRIPT HAS BEEN RECEIVED FROM ETS. ADDITIONAL INFORMATION IS CONTAINED IN THE SEMINARY'S CURRENT ACADEMIC CATALOGUE.

DATE OF TOEFL/TWE WAS OR WILL BE TAKEN _____

LETTERS OF RECOMMENDATION

GIVE NAMES AND **COMPLETE ADDRESSES AND PHONE NUMBERS** OF THE PERSONS TO WHOM YOU HAVE GIVEN THE REFERENCE FORMS AS PART OF THE APPLICATION. *(See Catalogue for appropriate reference sources)*

ACADEMIC REFERENCE _____

ECCLESIASTICAL REFERENCE _____

ECCLESIASTICAL AFFILIATION

OF WHICH CONGREGATION AND DENOMINATION ARE YOU A MEMBER?

IF THIS IS NOT WHERE YOU REGULARLY WORSHIP, PLEASE ALSO GIVE THE NAME, ADDRESS, AND DENOMINATION OF YOUR CURRENT CONGREGATION.

DENOMINATION _____

CHURCH NAME _____

CHURCH ADDRESS _____

ARE YOU UNDER FORMAL SUPERVISION OF AN ECCLESIASTICAL BODY? YES NO

ARE YOU ORDAINED? YES NO

IF YOU PLAN A CHANGE OF CONGREGATIONAL/DENOMINATIONAL AFFILIATION IN THE NEAR FUTURE, PLEASE INDICATE THE NATURE OF THE CHANGE.



CHRISTIAN EXPERIENCE

WRITE A BRIEF EXPLANATION OF YOUR CONVERSION OR CHRISTIAN EXPERIENCE, WHY YOU DESIRE TO ATTEND IRUS, AND WHAT YOU HOPE TO GAIN FROM YOUR STUDIES. (*Two-page maximum, typed with double space, and to be sent with the application.*)

EXPERIENCE

LIST TYPES OF EMPLOYMENT IN WHICH YOU HAVE HAD EXPERIENCE.

LIST ORGANIZATIONS OR EXTRA-CURRICULAR ACTIVITIES IN WHICH YOU HAVE TAKEN AN ACTIVE ROLE.

ADDITIONAL INFORMATION

HOW DID YOU FIRST HEAR ABOUT INTERNATIONAL REFORMED UNIVERSITY AND SEMINARY? _____

NAME THE THREE MOST SIGNIFICANT FACTORS IN YOUR CHOICE OF INTERNATIONAL REFORMED UNIVERSITY AND SEMINARY

- Pastor's Referral IRUS Student/Friend IRUS Faculty Relative Attending Visit to IRUS
- Alumni Contact from Admissions Other (*Specify*) _____

WHICH OTHER UNIVERSITIES/SEMINARIES ARE YOU CONSIDERING AND WHY? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE DISCUSS THE CIRCUMSTANCES AND THE RESOLUTION THEREOF. _____

DO YOU PLAN TO APPLY TO THE SEMINARY FOR FINANCIAL ASSISTANCE? YES NO

PLEASE EXPLAIN HOW YOU ARE GOING TO MEET THE TUTION AND OTHER EXPENSES. _____

LEGAL

BY SIGNING AND DATING BELOW, I ACKNOWLEDGE THE FOLLOWING:

- 1) ONCE SUBMITTED, THE APPLICATION AN ALL SUPPORTING DOCUMENTS BECOMES THE PROPERTY OF INTERNATIONAL REFORMED UNIVERSITY AND SEMINARY AND WILL NOT BE RETURNED TO ME.
- 2) I CERTIFY THAT THIS APPLICATION FORM WAS COMPLETED BY ME AND THAT INFORMATION PROVIDED BY ME IS TRUE, CORRECT, AND COMPLETE. I UNDERSTAND THAT ANY INTENTIONAL MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION IN ANY PART OF MY APPLICATION FOR ADMISSION, OR ORALLY DURING A PRE-ADMISSION INTERVIEW (*if applicable*) MAY RESULT IN ME BEING DENIED ADMISSION, OR IF ALREADY ADMITTED, BEING DISMISSED.
- 3) IF ADMITTED, I UNDERSTAND THAT CONTINUAL ADHERENCE TO THE ETHICAL AND BEHAVIORAL STANDARDS AFFIRMED BY THE SEMINARY'S STATEMENTS OF COMMUNITY STANDARDS IS A CONTINUING CONDITION OF ENROLLMENT.

SIGNATURE _____ DATE _____



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TO APPLICANT

Please complete this section and review the notice and waiver carefully before providing the form to the individual completing the reference.

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

CURRENT MAILING ADDRESS _____

PHONE NUMBERS (Home) _____ E-MAIL _____

NOTICE | The Family Educational Rights and Privacy Act of 1974, as Amended, grants all students the right to inspect and review all of their official educational records. This right extends to letters of recommendation, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver. Signing the waiver below is not a condition of admission.

WAIVER | I, the undersigned, hereby voluntarily waive any right or privilege provided by The Family Educational Rights and Privacy Act of 1974, as Amended, to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed.

SIGNATURE _____ DATE _____

TO PERSON WRITING THE REFERENCE

The applicant above has given your name as a professor acquainted with his/her academic work and is applying for admission to International Reformed University and Seminary, an accredited university and professional graduate school which strives to equip men and women for various forms of Christian ministry. We would appreciate your frank estimate of the applicant's personality and character in light of his/her desire to pursue a course of theological study. Please note the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, as listed above. Although the applicant may voluntarily waive the right to review this recommendation, it is hoped that a spirit of openness and candor will exist between the applicant and the reference regarding the contents of this recommendation.

Please mail this form directly to the Office of Admissions at the above address.

TO BE COMPLETED BY THE RECOMMENDER

1. Relationship to the Applicant

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ YEAR(S) _____ MONTH(S)

HOW WELL DO YOU KNOW THE APPLICANT? Causally Well Very Well

CHECK THE CONTEXT(S) IN WHICH YOU KNOW THE APPLICANT:

- As a student in one or more than one college or graduate school course
- As a student engaged in research or independent study under my direction
- As an employee under my supervision
- As a member/attender of my church where I am in leadership
- As a colleague in ministry leadership
- Other (Please specify) _____

2. Assessment of Applicant's Abilities

HOW WOULD YOU RATE THIS INDIVIDUAL COMPARED TO OTHERS WHO HAVE APPLIED TO UNIVERSITY/GRADUATE SCHOOL?

- Top 10% Top 20% Top 30% Top 40% Top 50% Below 50% Can't assess

IS THE APPLICANT'S SCHOLASTIC RECORD, AS YOU KNOW IT, AN ACCURATE REFLECTION OF THE QUALITY AND RANGE OF HIS/HER SKILLS AND COMPETENCIES?

- Yes No If you choose "No," please attach an explanatory statement.



TO BE COMPLETED BY THE RECOMMENDER (CONTINUED)

3. Please check the following descriptions that apply to the candidate.

	Above Average		Average	Below Average		Unknown
	←————— ————— ————— —————→					
SOCIAL APPROPRIATENESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPOSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARTICULATENESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVE INSTINCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRITICAL THINKING SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP QUALITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIRITUAL MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH INVOLVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Personal evaluation of the applicant (Attach additional pages if necessary)

THE SPECIAL ASSETS THIS APPLICANT HAS FOR UNIVERSITY/GRADUATE STUDY AND THE MINISTRY ARE:

IF THIS APPLICANT IS ADMITTED TO IRUS, HIS/HER CHIEF NEED FOR PERSONAL DEVELOPMENT OR IMPROVEMENT WILL BE:

ADDITIONAL COMMENTS (Optional):

RECOMMENDATION (Must be completed by the recommender)

PLEASE CHECK ONE OF THE FOLLOWING:

- Recommend with enthusiasm for admission
 Recommend
 Recommend, but with reservation
 Do not recommend

NAME (Please print or type) _____

POSITION OR JOB TITLE _____

NAME OF CHURCH, ORGANIZATION, BUSINESS, OR INSTITUTION _____

ADDRESS _____

PHONE NUMBERS (Office) _____ (Home/Mobile) _____

E-MAIL _____

Thank you again for your contribution. Please see previous page for submission instructions.



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

CURRENT MAILING ADDRESS _____

PHONE NUMBERS (Home) _____ E-MAIL _____

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WAIVER | I, the undersigned, hereby voluntarily waive any right or privilege provided by The Family Educational Rights and Privacy Act of 1974, as Amended, to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed.

SIGNATURE _____ DATE _____

TO PERSON WRITING THE REFERENCE

The applicant above is applying for admission to International Reformed University and Seminary (IRUS), an accredited university and professional graduate school which strives to equip men and women for various forms of Christian service. Each applicant must submit this recommendation form which is to be completed by his/her minister, an elder, or other source approved by the IRUS Office of Admissions. We would appreciate your frank estimate of the applicant's personality and character in light of his/her desire to pursue a course of theological study. Please note the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, listed above. Although the applicant may voluntarily waive the right to review this recommendation, it is hoped that a spirit of openness and candor will exist between the applicant and the reference regarding the contents of this recommendation.

Please mail this form directly to the Office of Admissions at the above address.

TO BE COMPLETED BY THE RECOMMENDER

1. Relationship to the Applicant

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ YEAR(S) _____ MONTH(S)

HOW WELL DO YOU KNOW THE APPLICANT? Casually Well Very Well

CHECK THE CONTEXT(S) IN WHICH YOU KNOW THE APPLICANT:

- As a member/attender of my church where I am in leadership
- As a colleague in ministry leadership
- As an employee under my supervision
- As a student in one or more than one college or graduate school course
- As a student engaged in research or independent study under my direction
- Other (Please specify) _____

2. Assessment of Applicant's Abilities

HOW WOULD YOU RATE THIS INDIVIDUAL COMPARED TO OTHERS WHO HAVE APPLIED TO UNIVERSITY/GRADUATE SCHOOL?

- Top 10% Top 20% Top 30% Top 40% Top 50% Below 50% Can't assess

IS THE APPLICANT'S SCHOLASTIC RECORD, AS YOU KNOW IT, AN ACCURATE REFLECTION OF THE QUALITY AND RANGE OF HIS/HER SKILLS AND COMPETENCIES?

- Yes No If you choose "No," please attach an explanatory statement.



TO BE COMPLETED BY THE RECOMMENDER (CONTINUED)

3. Please check the following descriptions that apply to the candidate.

	Above Average		Average	Below Average		Unknown
	←—————→					
SOCIAL APPROPRIATENESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPOSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARTICULATENESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVE INSTINCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CRITICAL THINKING SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP QUALITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIRITUAL MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH INVOLVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ADDITIONAL COMMENTS *(Optional)*:

RECOMMENDATION *(Must be completed by the recommender)*

PLEASE CHECK ONE OF THE FOLLOWING:

- Recommend with enthusiasm for admission
 Recommend
 Recommend, but with reservation
 Do not recommend

NAME *(Please print or type)* _____

POSITION OR JOB TITLE _____

NAME OF CHURCH, ORGANIZATION, BUSINESS, OR INSTITUTION _____

ADDRESS _____

PHONE NUMBERS *(Office)* _____ *(Home/Mobile)* _____

E-MAIL _____

Thank you again for your contribution. Please see previous page for submission instructions.