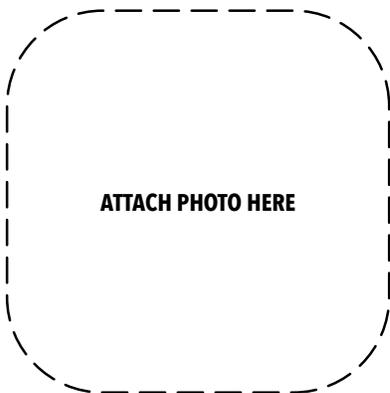


# APPLICATION FOR ADMISSION



**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.

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

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**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? \_\_\_\_\_

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HAVE YOU EVER BEEN CONVICTED OF A FELONY?     YES     NO

IF YES, PLEASE DISCUSS THE CIRCUMSTANCES AND THE RESOLUTION THEREOF. \_\_\_\_\_

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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. \_\_\_\_\_

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**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:

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

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ADDITIONAL COMMENTS *(Optional)*:

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**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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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.

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**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.

