CME Application for Admission

Date of Application _____
(MM/DD/YYYY)

☐ Fall ☐ Spring Year: _____
☐ Private Instruction ☐ Group Instruction How long do you plan to attend CME? _____

Please print your name clearly as it appears on your passport: ☐ Male ☐ Female ☐ Single ☐ Married ☐ Other

Family Name (Surname)		First Name	Middle
Date of Birth (MM/DD/YYYY)	Country of Birth	Country of citizenship	Social Security Number (if you have one)

Current mailing address:

Street Address		
City		State / Province
Country		Zip / Postal Code
Home Phone #	Mobile Phone #	Email

♦ Check the schools you have completed in your home country: ☐ High School ☐ 2 year College ☐ University
♦ Do you have any health problems? ☐ Yes ☐ No
If yes, please explain: _____

_____

♦ Who told you about CME? _____

♦ Please write a short paragraph in your own handwriting that describes why you want to study in our program.

_____

_____

♦ Financial verification – inquire for details

STUDENT AGREES TO THE FOLLOWING:

- I understand that CME requires that all students will be in compliance with regulations and requirements of the visa status.
- Tuition is due on first day of class.
- I will purchase & maintain continuous medical coverage during the period of enrollment, as per Oregon State law.

CERTIFICATION AND SIGNATURE: I certify that the information provided on this application and the financial statement is true and complete and that I will notify Christian Missionary Educators, Inc. (CME) in writing of any changes in my financial status. I understand that misrepresentation of this document may lead to disciplinary action by CME, the state of Oregon and the Immigration Department of the Federal Government of the USA.

_____ / _____ / _____
Student Name *Signature* *Date*

_____ / _____ / _____
Parent/Guardian Name (If student is under 20 years of age) *Signature* *Date*