APPLICATION FOR
Townsend Institute for Leadership and Counseling at Concordia University Irvine

For information on Undergraduate, Credential, Colloquy or International Student Admissions, please contact the Admissions Office for appropriate application.

UNIVERSITY MISSION STATEMENT
Concordia University Irvine, guided by the Great Commission of Christ Jesus and the Lutheran Confessions, empowers students through the liberal arts and professional studies for lives of learning, service and leadership.

1530 Concordia West, Irvine, CA 92612-3203
Attn: Townsend Institute

Admission Counselors:
Patty Hunt | Phone/fax: (949) 214-3362
Taylor Sirna | Phone/fax: (949) 214-3615
E-mail: gradadmissions@cui.edu

WWW.CUI.EDU/TOWNSEND
Please send application form and requested items to:
Attn: Townsend Admissions
Concordia University Irvine
1530 Concordia West
Irvine, CA 92612-3203

To complete your admission file we will need:
- Completed application with nonrefundable application fee of $50.
- Official transcript from a regionally accredited college or university that shows your confirmed bachelor's degree (must be sent in a sealed envelope).
- Must have a cumulative GPA of 3.00 on a 4.00 scale.
- Written essay (2 pages, 500 words) addressing the following items:
  - Personal, professional, and educational goals.
  - In your experience, what is the best way that a person grows or changes? You can add an example of a characteristic about yourself that you wanted to change and how you went about changing it.
  - What interested you in applying to the Townsend Institute as opposed to other programs?
- Minimum of 1 professional reference required. Personal reference optional.
- A current professional resume.

Please PRINT

Applicant’s name ____________________________________________
First                  Middle                  Last
Social Security No. _________-_________-_________
Term you plan to enroll at Concordia: Fall _______ Spring _______

PRESENT MAILING ADDRESS
Street _____________________________ City __________________________ State ______ Zip ______

PERMANENT HOME ADDRESS If different from above, specify dates mail should go to this address: _____/____/_____ to _____/____/_____
Street _____________________________ City __________________________ State ______ Zip ______

Home phone: (_______) _______ - _______ Facebook Email: ______________________________
Cell phone: (_______) _______ - _______ Twitter Username: ______________________________

E-mail address: ________________________________________________

Please list the best email address for electronic communication between you and the University.

What is the best time and way to contact you? ______________________________________________

How did you hear about the Townsend Institute? ______________________________________________

Which program are you interested in?
- M.A. Counseling
- M.A. Executive Coaching & Consultation
- M.A. Organizational Leadership
- Certificate – Counseling
- Certificate – Executive Coaching
- Certificate – Organizational Leadership

Will you be applying for financial aid?   Yes  No

PERSONAL BACKGROUND
Date of birth _________/_______/_______
Month      Day      Year

Sex:  Male    Female
Citizenship:  USA    Permanent resident    Other country
(Please request an International Student Application.)

Have you been found guilty, been adjudicated guilty, or otherwise been convicted of a crime in any court? (excluding minor traffic violations)
- Yes  No

If you answered yes to either question above, please attach a full description including date(s) and disposition of case.

RACE/ETHNICITY
Do you consider yourself to be Hispanic/Latino?  Yes  No

In addition, please select one or more of the following racial categories to describe yourself:
- American Indian or Alaskan Native
- Asian Indian
- Black or African American
- Native Hawaiian or Pacific Islander
- Filipino
- White or Caucasian
- Vietnamese
- Japanese
- Korean
- Chinese
- Other Asian
- Other Hispanic or Latino
RELIGIOUS AFFILIATION

☑ Lutheran Church – Missouri Synod  ☐ Baptist  ☐ Evangelical Lutheran Church of America  ☐ Catholic
☐ Non-Denominational Christian  ☐ Methodist  ☐ Presbyterian  ☐ None  ☐ Other _______________

Congregation name ____________________________________________ Pastor’s name ______________________________________

Congregation address ________________________________________________________________________________________________

City ________________________________________ State _________ Zip _______________ Phone (              ) _____________________

PREVIOUS EDUCATION

1. College/University Name _____________________________________ City ________________________________ State __________
   Dates attended ______________________________________ Units completed at the time of application _________________________
   Degree and Date Received ____________________________________________ Cumulative GPA (based on a 4.0 scale) _____________

2. College/University Name _____________________________________ City ________________________________ State __________
   Dates attended ______________________________________ Units completed at the time of application _________________________
   Degree and Date Received ____________________________________________ Cumulative GPA (based on a 4.0 scale) _____________

3. College/University Name _____________________________________ City ________________________________ State __________
   Dates attended ______________________________________ Units completed at the time of application _________________________
   Degree and Date Received ____________________________________________ Cumulative GPA (based on a 4.0 scale) _____________

(List additional schools attended on a separate sheet.)

NONDISCRIMINATION POLICY

Concordia University Irvine does not discriminate on the basis of race, color, national and ethnic origin, sex, or disability in any of its policies, procedures or practices. This includes but is not limited to admissions, employment, financial aid, educational services, programs and activities. Inquiries regarding this policy may be directed to the Vice President at Concordia University Irvine, 1530 Concordia West, Irvine, CA 92612-3203

CERTIFICATION

I certify that to the best of my knowledge the information furnished in this application is true and complete. I agree that if such information, or any information upon which my admission is based, is not true or complete, Concordia University Irvine may rescind my degree. I further agree that if admitted, I will abide by the rules and regulations of Concordia University including, but not limited to, those rules contained in the current Concordia University Irvine catalog. I acknowledge that all official transcripts which I forward to Concordia University Irvine become the property of Concordia University and will not be forwarded to any institution nor returned to me.

I also understand that I am not eligible for financial aid unless I am accepted into a post-baccalaureate or graduate program. I am not eligible to receive financial aid for any courses taken prior to admission to the graduate program.

Applicant’s signature _______________________________ Date _______________________________