



**INTERNATIONAL CHRISTIAN COUNSELING INSTITUTE (ICCI) GRADUATE APPLICATION**  
 MASTER of Arts in COMMUNITY COUNSELING

**PERSONAL INFORMATION**

LAST NAME/FAMILY NAME	FIRST NAME	MIDDLE NAME	IF MARRIED, NAME AT BIRTH	GENDER	CITIZENSHIP
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ADDRESS

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CITY/COUNTRY

HOME TELEPHONE (include country code)	EMAIL ADDRESS	DATE OF BIRTH month/day/year	PLACE OF BIRTH
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CHURCH NAME	PASTOR NAME	CHURCH TELEPHONE
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CHURCH ADDRESS	CHURCH DENOMINATION
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**EDUCATION**

**COLLEGES/UNIVERSITIES ATTENDED**

NAME	ADDRESS	DATES OF ATTENDANCE	HOURS OF CREDIT ATTEMPTED	GRADE POINT AVERAGE

**PERSONAL INFORMATION**

HAVE YOU PERSONALLY ACCEPTED JESUS CHRIST AS YOUR SAVIOR? (Please attach additional paper as needed)

Yes    No   If YES, describe your relationship to Jesus Christ. Include a statement indicating how you came to such a commitment.  
 If NO, describe why the Christian emphasis at Indiana Wesleyan University appeals to you.

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Indiana Wesleyan University, as an evangelical Wesleyan Christian university, is a community joined together to further academic achievement, personal development, and spiritual growth. Together, the community seeks to honor Christ by integrating faith, learning and living while its members' hearts and lives mature in relationship to Jesus Christ and each other. Faith in God's Word should lead to behavior displaying His authority in our lives.

I understand the personal conduct expectations and by signing below agree to abide by them. I certify that all the information contained in this application is correct, that the opinions expressed are mine. I understand that my signature permits officials at Indiana Wesleyan University to review my application file.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# GRADUATE COUNSELING

## RECOMMENDATION FOR ADMISSION

**This section to be completed by the applicant. Please type or print.**

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Home Address (Street, R.R., or PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**The Family Education Rights and Privacy Act of 1974 and its amendments guarantees students access to certain academic records. Students may, however, waive their right of access to recommendations. The applicant's choice regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.**

- I do waive my rights to inspect the contents of the following recommendation.
- I do not waive my rights to inspect the contents of the following recommendation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### RECOMMENDATION

**This section to be completed by reference respondent.**

*(Note: Confidentiality of recommendations cannot be guaranteed unless applicant waives right of access.)*

**Directions to Respondent:** The person named above is applying for admission to Indiana Wesleyan University. Please indicate ( ✓ ) the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages in their careers.

ABILITIES AND COMPETENCIES	OUTSTANDING TOP 5%	VERY GOOD TOP 10%	GOOD TOP 25%	AVERAGE	BELOW AVERAGE	INADEQUATE OPPORTUNITY TO OBSERVE OR ASSESS
General knowledge of field						
Interactions with others						
Shows initiative in work						
Ability to work in a group						
Problem-solving skills						
Critical thinking skills						
Personal responsibility						
Ethical conduct						
Oral communication skills						
Written communication skills						
Leadership skills						
Motivation and initiative						

**GRADUATE COUNSELING**  
**RECOMMENDATION FOR ADMISSION** *continued*

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How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Please indicate your overall endorsement of the applicant for graduate studies:

Recommend highly     Recommend     Recommend with reservation

Additional Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name of Respondent \_\_\_\_\_

*(Please print or type)*

Position/Title \_\_\_\_\_

Institution/Organization \_\_\_\_\_

Address (Street, R.R., or PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Primary Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Please return completed form to:**

Indiana Wesleyan University  
Graduate Admissions, Maxwell, Suite 103  
4201 S. Washington St.  
Marion, IN 46953-9393

765.677.3644 FAX  
natalie.halt@indwes.edu EMAIL