



COLLEGE OF THEOLOGICAL & INTERDISCIPLINARY STUDIES

Main Campus

Lot 17 & 18 Twickenham Park,
Spanish Town P.O.
St. Catherine
[Tel:8763178396](tel:8763178396)
Email:ctistheology@gmail.com

May Pen Extension

Hastings Academy
8 Convent Avenue
May Pen, Clarendon
Telephone:8769951003

Montego Bay Extension

First Church of the OB
1 Dome Street/Water Lane
Montego Bay, St. James

APPLICATION FORM - 2020/2021 Academic Year

A. PERSONAL DATA

Affix passport size photo

1. **Name:** _____
Surname
First Name
M.I.
2. **Date of Birth** (dd/mm/yyyy) _____ **Gender** _____
3. **Marital Status:**

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common Law
4. **Current Disability** (if any) _____
5. **Permanent Address** _____
Mailing Address (if different from permanent address) _____

Contact: Mobile # _____ WhatsApp # _____ Home # _____
 Work # _____ Email: _____
6. **Dependents:** Yes No, If yes, how many? _____ Nature of relationship _____

7. Emergency Contact:

Name	Relationship	Contact #

8. **Employment status:** Employed Seasonal Employment Self-Employed Unemployed

Current Place of Employment & Address: _____

From: _____

Current Occupation/Job Title: _____

A. EDUCATION BACKGROUND & QUALIFICATIONS

Tertiary Institution Attended	Course/Programme of Study	Results/Award	Period (From – To)

Secondary Institution Attended	Subjects passed	Results/Award	Period (From – To)

B. PROGRAMME OF STUDY - Selection and Preferred Mode of Study

Programmes – Part Time (Monday to Fridays except Tuesdays)	Mode of Study
Bachelor of Theology (4 years including summers) <input type="checkbox"/>	[] Face to Face only [] Online and Face to Face [] Online only NB. For the Academic year 2020/2021 only selected courses will be offered online. We are hoping to have full programmes online by 2022/2023.
Associate Degree in Theology (3 years, 2summers) <input type="checkbox"/>	
Diploma, Biblical & Pastoral Studies (3 years) <input type="checkbox"/>	
Diploma, Biblical Studies & Counselling (3 years) <input type="checkbox"/>	
Diploma, Counselling (3 years) <input type="checkbox"/>	
Certificate, Biblical Studies (1 year) <input type="checkbox"/>	
Certificate, Counselling (1 year) <input type="checkbox"/>	
2-Year Certificate, Biblical Studies (for persons without the required # of CXC's & ministry experience) <input type="checkbox"/>	

C. CHURCH AFFILIATION

Are you a Christian? Yes No. If Yes, how long _____

Are you a member of a Church ? Yes No. If Yes, please complete the information below:

(a) Name of Church _____
Address: _____
Telephone: _____

(b) Name of Pastor _____
Telephone: _____

Ministry involvement at Local Church or religious group: _____

D. REFERENCES (Give the names & Contact info for 3 references. One, must be your Pastor)

Name	Address	Contact
		Tel: Email:
		Tel: Email:
		Tel: Email:

NB. Each of your reference will be required to complete a referral form (per attachment). This form is to be submitted under confidential cover along with your application form.

E. PERSONAL STATEMENT/TESTIMONIAL

Write a brief testimonial overleaf of your personal conversion to Christ, your present walk with Him, and your call to Bible School.

DECLARATION

- I certify that the information provided on this application is to the best of my knowledge accurate.
- I understand that falsifying information may result in disciplinary actions or make me ineligible for admissions at College of Theological & Interdisciplinary Studies.

Signature: _____ Date: _____

PERSONAL STATEMENT/TESTIMONIAL (In the space provided below, please write a short essay describing your

IT IS MOST NECESSARY FOR US TO ALL DOCUMENTS ON FILE BEFORE ANY ENTRANCE EXAMS OR ACADEMIC COMMITTEE INTERVIEWS ARE DONE. PLEASE USE THE FOLLOWING CHECKLIST TO ENSURE THAT YOUR SUBMISSION HAS ALL REQUIRED DOCUMENTATION

- 1. Completed application form
- 2. Completed Referral Forms
- 3. Passport size photo
- 4. Copies of educational qualifications
- 5. Copy of Birth Certificate

N.B. Please address all correspondence to

The Principal, College of Theological & Interdisciplinary Studies
 Lot 17 & 18 Twickenham Park
 St. Catherine

END OF APPLICATION

FOR OFFICIAL USE ONLY

Documents Submitted:			
<input type="checkbox"/> Completed application form			
<input type="checkbox"/> 3 Referral forms			
<input type="checkbox"/> Passport size photo			
<input type="checkbox"/> Copy of Birth Certificate			
<input type="checkbox"/> Copy of Qualifications			
Entrance Examination required	Yes	No	
Application Review Outcome	Accepted	Rejected	Provisional Acceptance
Comment:			
Date of entrance exam:	Interviewers name & signature:		
Date of interview:			
	1. _____		
	2. _____		
	3. _____		