



Please check (v) which one apply to you. Refer to application instructions **(Choose one only)**

- (選讀) **Occasional Student** May normally complete 3 courses for credit
- (旁聽) **Audit Student** May audit restricted courses for non-credit purpose
- (持有效許可信) **Letter of Permission Student** Eligible to take course with LOP from other school

Please **PRINT in English** (except 中文姓名). When completed, return to the office. All information will be treated in strict confidence if questions are not applicable, fill in N/A.

除(A)部份中文姓名外，表格必須以英文正楷填寫，所有資料保密，不適用者請填寫 N/A。

Forward all application documents to CCST (Calgary)
By Email: reginfo@ccstcal.ca

Visiting Student application fee: \$25 please make cheque payable to CCST Calgary

A. PERSONAL INFORMATION 個人資料

Legal Name 姓名：

(English) Last: _____ First: _____ Middle: _____ Preferred Name: _____
(if applicable) (if applicable)

(中文) _____

Address 住址：

(Home) Apt#: _____ Street: _____

City: _____ Province: _____ Postal code: _____ Country: _____

(Mailing) if different from above: _____

Telephone number & Email 電話/電郵：

(Home) _____ (Cell) _____ (Business) _____

(Email) _____

Other Information 其他資料：

(Birth Date) M 月 _____ D 日 _____ Y 年 _____ Country of Birth: _____ Male 男 ___ Female 女 ___

(Marital status) Single: ___ Married: ___ Name of Spouse: _____

(Immigration Status) Canadian Citizen 加籍公民 ___ Landed Immigrant 移民 ___
(please ✓)

Citizenship(if not Canadian) 國籍(如非加籍) _____

Church Information 教會資料：

Home Church Name 所屬教會: _____ Denomination 所屬宗派: _____

Address: _____ Postal Code: _____

B. ACADEMIC INFORMATION 學業資料

Please record all post-secondary schools below. Original transcripts are not required for Visiting Student application.
高中以上不同學歷（無論是否完成整個課程），訪問生申請不須提供成績單正本。

Name of Institution 學院名稱 (Must include the name in English)	Country 國家	Period of Attendance 入讀時間	Certificate/Diploma/Degree Earned 獲取學位/文憑 (Specify <Incomplete> if applicable)

C. PLANNED DATE OF ENTRY 計劃入學日期： (please choose the semester and fill in the planned year of entry)

Fall 秋季(Sept) ____ Winter 冬季(Jan) ____ Summer 春夏季(May) ____ Year 20 ____

D. REFEREE 推薦人資料 (PASTORAL – HOME CHURCH PASTOR 所屬教會牧者推薦)

Name 姓名(中/英): _____ Position/Title: _____

Telephone: _____ E-mail: _____

Name of Church / Organization: _____ Connection to the Applicant
與申請人關係: _____

E. ADDITIONAL INFORMATION 其他資料

Person to contact in case of emergency 如有緊急事故，請聯絡：

Parent 父母 ____ Spouse 配偶 ____ Friend 朋友 ____ Other Relative 其他親人 ____

Name : First _____ Last _____ 中文姓名 _____

Home Address: _____

Telephone number: _____ Email: _____

Why are you interested in becoming a Visiting Student at CCST? 請簡述申請加神之原因:

F. DECLARATION 聲明

I affirm that I understand the **Statement of Faith and Community Standards of Tyndale University College & Seminary**, and the **Statement of Faith of CCST (Toronto)**. I certify that the information provided in this application is complete and correct.

Signature of the Applicant (please sign)

Date: MM / DD / YY