

## 入學申請表 - 訪問生 Application Form – Visiting Student

	) which one apply to you. Refer to ) <b>University</b> For applicant who	• •		·k	
	完) <b>Seminary</b> For applicant with	_			
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	which one apply to you. Refer to		• •		
<del></del>	Occasional Student May to				
	Audit Student May audit re				
(持有药	效許可信 ) Letter of Permiss	sion Student Eligible	to take course with LC	P from other schoo	I
accordance to the ter	sh (except 中文姓名). When comp ms of Tyndale's privacy policy, acc 小,表格必須以 <u>英文正楷</u> 填寫,	cessible at www.tyndale.c	ca/privacy. If questions		
Avenue, Toronto, Email: ccst@tynda	ation documents to: Admissic Ontario M2M 3S4 Canada 填 ale.ca Phone: 416-226-6620x21 oplication fee: \$25 please mak	复多後交回招生辨公室 181	<b>E</b>	7 Bayview	
A. PERSONAL II	NFORMATION 個人資料				
Legal Name 姓名			A de la la	D ( )	N.I
(English) Last:	First: _		Middle: (if applicable)	Preferred (if applicab	
(中文)			(п аррпсаые)	(п аррпсав	no)
Address 住址:					
(Home) Apt#:	Street:				
City:	Province:		Postal code:	Cour	ntry:
(Mailing) if different from above					
	er & Email 電話/電郵:	(O II)		(5 : )	
(Home)		(Cell)		(Business)	
(Email)					
Other Informatio	n 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 Sp	oouse:	
(Immigration Status) (please ✓)	Canadian Citizen 加籍公民 Student Visa 學生簽證 Citizenship(if not Canadian) 國紀	-	移民   其他簽證( <i>請註明</i> )		
Church Information	on 数命容料·				
Home Church Name	C 屋 北 会。		Denomination	所屬宗派:	
Address:				Postal Cod	de:

## 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)</incomplete>				
C. PLANNED DATE OF ENTRY	計劃入學日期:	(please choose the semester ar	nd fill in the planned year of entry)				
Fall 秋季(Sept) Winte	r 冬季(Jan)	Summer 春夏季(May) _	Year				
D. REFEREE 推薦人資料 (PAS	TORAL – HOME CI	HURCH PASTOR 所屬教育	會牧者推薦)				
Name 姓名(中/英):		Position/Title:					
Telephone:		E-mail :					
Name of Church / Organization:		Connection to the Applicant					
E. ADDITIONAL INFORMATION	其他資料						
Person to contact in case of emergency 数 Parent 父母 Spo	1 <b>有緊急事故,請聯約</b> use 配偶	<b>络:</b> 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, and the Statement of Faith of CCST. I certify that the information provided in this application is complete and correct.							
Signature of the Applicant (please sign)	Dat	te: MM / DD / YY					