

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

		which one apply to y	-					
		University For a 라) Seminary For						
		which one apply to y Occasional Stud	-					
(旁聽)	Audit Student	May audit re	stricted courses fo	or non-credit _l	ourpose		
(持有效	饮許可信)Letter	of Permiss	ion Student E	ligible to take	course with LOP 1	from other school	
accordance to 除(A)部份中	the terr 文姓名夕	ns of Tyndale's priva 、表格必須以 <mark>英文</mark>	cy policy, acce <u>正楷</u> 填寫・)	essible at www.tyr 听有資料保密,為	ndale.ca/priva 不適用者請填	icy. If questions ar 寫 N/A。	treated in strict confidence of the not applicable, fill in N/A.	& in
Avenue, To Email: ychu	oronto, ung@tyı	ation documents t Ontario M2M 3S4 ndale.ca or ccst@t plication fee: \$25	Canada 填 yndale.ca Ph	妥後交回招生新 ione: 416-226-6	幹公室 620x2181,4	16-226-6620x22	19 or 1-877-Tyndale	
۹. PERSO	NAL IN	IFORMATION (固人資料					
egal Name	e 姓名	:						
English)	Last:		First:			e: plicable)	Preferred Name: (if applicable)	
中文) _					,	plicable)	(іі арріісаме)	
Address 住 Home)	址: Apt#:		Street:					
	City:		Province:		Posta	l code:	Country:	
Mailing) if difl rom above	ferent							
T elephone Home)		r & Email 電話/ ^t		(Cell)		(E	Business)	
Email)								
Other Infor	mation	其他資料:						
Birth Date)	M月	D日	Y年	Cou	ntry of Birth:		Male 男 Fe	male女
Marital status	s)	Single: _		Married:		Name of Spou	se:	
[Immigration Status]		Canadian Citizen 加籍公民 Landed Immig Student Visa 學生簽證 Others(please s Citizenship(if not Canadian) 國籍(如非加籍)		rant 移民 pecify) 其他簽證(<i>請註明</i>)				
Church Info	ormatic	on 教會資料:		- (>:>! \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				
Home Church						Denomination 所	屬宗派:	
Address:							Postal Code:	
							. 55(4) 5546.	

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 a	nd fill in the planned year of entry)			
Fall 秋季(Sept) Winte	r 冬季(Jan)	Summer 春夏季(May) _	Year 20			
D. REFEREE 推薦人資料 (PAS	TORAL – HOME CH	HURCH 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	I 其他資料					
Person to contact in case of emergency 5	如有緊急事故,請聯 約	各:				
Parent 父母 Spo	use 配偶	Friend 朋友	Other Relative 其他親人			
Name: First	Last		中文姓名			
Home Address:						
Why are you interested in becoming a Visiti	ng Student at CCST? 請	 簡述申請加神之原因:				
Telephone number: Email :						
F. DECLARATION 聲明 I affirm that I understand the Statemen of CCST. I certify that the information p			iversity, and the Statement of Faith			
Signature of the Applicant (please sign)		Da	te: MM / DD / YY			