

# 教育事工博士課程入學申請表

# **Admission Application for Doctor of Educational Ministry Program**

Please PRINT using ink. When completed, return to the office. All information will be kept in strict confidence. If questions are not applicable, fill in N/A. 請用正楷填寫後交回辦事處,所有資料保密,不適用者請填寫 N/A

### A. PERSONAL INFORMATION 個人資料

Name 姓名: (English 英文) Last:	First:	Middle:	Preferred Name:	
(中文) 姓:	名:			
Home Address: 住址: Apt#:	Street:		City:	
Province:	Postal Code: _		Country	
Mailing Address (if different from above) 通言	讯地址( <i>如與上不同</i> ):			
Telephone Number & Email 電話 /電郵:				
(Home):	Cell:	B	dusiness:	
(Email):				
Birth Date 出生日期: M月D日	Y年 Male 男	Female 女 Co	untry of Birth 出生國家:	
Marital Status 婚姻狀况: Single 單身:	_ Married 已婚: Nar	me of Spouse 配偶姓名:		
Citizenship 國藉:				
Immigration Status 移民身份: Canadian Citiz	zen 加籍公民 Landed I	mmigrant 移民		
Student Visa	學生簽證 Others ( <i>p</i>	please specify) 其他簽證	(請註明)	
Do you have any medical conditions we shoul	d be aware of: 你是否有需要	關注的疾病? Yes 是	No 否	
If yes, please explain 如答案「是」,請説明	月:			
Church Information 教會資料:				
Name of Home Church 所屬教會:		Der	nomination 所屬宗派:	
Address thiti-				

#### **B. ACADEMIC INFORMATION**

Original Post-Secondary School(s) Transcripts are to be sent to the Admission Office, directly from each institution attended after high school, even though a full term may not have been completed and no credits earned. All original transcripts received will be retained for record.

高中以上不同學歷謄本(無論是否完成整個課程),均需由學校直接寄至註冊處,成績單將不予退還。

Name of Institution 學院	Country 國家	Period of Attendance 入讀時間	Certificate/Diploma/Degree Earned 獲取學位/ 文憑
Will you be applying for transfer credit fr	om another institution?	你會否申請把其他學院的學	學分轉至本校?
Yes 是 No 否			
English Test (*for reference only, not an	n admission requiremen	1	坐)
FOEFL/ILETS/iBT (for students whose $\underline{f}$			
Date taken 考試日期:	Sco	ore 成績:	
C. CALLING AND MINISTRY	TESTIMONY 蒙	召事奉見證	
Please hand in an article related to y	our personal salvation,	calling and ministry service.	
請書寫一篇得救、蒙召及事奉見詞	證		
D. RESEARCH PAPER 研究文	T <del>``</del>		
Please submit a biblical or Christian	•	er that you have written	
請提交一篇由你所書寫的聖經武3		•	
請提交一篇由你所書寫的聖經或表	<b>五百</b> 次次月中791万10 <u></u> 0千		
請提交一篇由你所書寫的聖經或認 E. PLANNED DATE OF ENTR			

## F. YOUR REFEREES 推薦人資料

## 1. (Home Church Pastoral Reference 所屬教會牧者推薦)

Name 姓名 (中/英):	Position/Title 職位:			
Telephone 電話:	Email 電郵:			
Name of Church 教會名稱:				
Relation with Referee 與申請人關係:				
2. (Pastoral Reference – Pastor or Lay Leader 教牧推薦人)				
Name 姓名 (中/英):	Position/Title 職位:			
Telephone 電話:	Email 電郵:			
Name of Church 教會名稱:				
Relation with Referee 與申請人關係:				
3. (Academic/Employer Reference 學業或僱主推薦人)				
Name 姓名 (中/英):	Position/Title 職位:			
Telephone 電話:	Email 電郵:			
Name of Church 教會名稱:				
Relation with Referee 與申請人關係:				
G. EMERGENCY CONTACT 緊急聯络人				
Parent 父母 Spouse 配偶	Friend 朋友 Other Relative 其他親友			
Name 姓名 (中/英):				
Address 住址:				
Telephone 電話:	Email 電郵:			
I authorize the Admission Office, if requested, to discuss my application with the following family members or individuals. (Please note that if authorization is not given, we will only discuss the application with applicant.) 如有需要,我授權註冊處與以下家庭成員或朋友商討本人的入學申請 (如果沒有註明授權指示,學校只會與申请人商談這份申請表)。				
Name 姓名 (中/英):	Relationship 關係:			
Telephone 電話:	Email 電郵:			
Applicant's Signature 申請人簽名:	Date 日期:			
I certify that the information provided in this application is complete and correct. 本人所提供上述资料正確無誤。				
Applicant's Signature 申請人簽名:	Date 日期:			
Forward all application documents to 填妥後寄回: 675 Sheppard	Ave E., Toronto ON M2K 1B6			

Email 電郵: <u>isce@ccst.ca</u>

Website: www.ccst.ca

ISCE DEdM Application\_052020

Telephone 電話: 416-826-8216