



College of Christian Theology Bangladesh

B/1 Jaleshore Rd, BPATC, Savar, Dhaka1343

Please attached here your recent Passport size photograph

APPLICATION FORM

Master of Divinity (M. Div)

(Please fill in BLOCK CAPITAL LETTERS)

Title (Tick the appropriate) Rev. / Dr. / Mr. / Mrs. / specify if any other -----

Full Name (as given in official documents)

Nationality ----- Mother Tongue ----- Date of Birth -----

Language Known Speak: -----
Write: -----

Denomination -----

Address for Correspondence -----

Permanent Address -----

Telephone No ----- Mob No -----

Email Address: -----

Details of Educational Qualifications and Training (Provide an attested Photocopy of the same)

Qualification & Subject	College/University	Years	Medium of Study

Details of Present Post and Current Ministry in Church/Diocese (if any)

Years	Details

Please attach the following with this application form- Check List

For Standard and Upgrade Students: Photocopies of all relevant degree certificates as mentioned in the application in the application form, can be attested by a responsible person e.g. CCTB Faculty or Tutor member after seeing the original. Upgrade students (B.Th/ MA) or equivalent should submit their official mark transcript, to demonstrate a grade of at least B.

Please provide any two reference letters:

1. From a professional person (normally a recognized authority in your church)
2. From a person who knows you personally.
3. From any academic person who knows or taught you.

Write a brief testimony of God's calling in your life in ministry and state your reasons for applying for this course (1000 words in a separate paper).

Admission Fee: (Tk. 2,000.00)

I have read the M. Div Prospectus and understood the requirements of the program in terms of time and finance. All the information that is given on this application form is correct and I have attached the necessary documents and references.

If accepted onto this course, I agree to pay my fees promptly either at the beginning of each course, or in two installments before the completion of each course taken during a term.

Signature of the Student: -----

Date: -----

Contact Address:

Dr. Young In Chang
Email: cctbangladesh@gamil.com
B/1 Jaleshore Rd, Savar, Dhaka
Cell: 01745-779-236; Office: 01714-117-530

For Office Use Only

Type of Student Entry: Standard/Upgrade

Admission Fee Amount: ----- Receipt/ Acknowledgement no, if any -----

Date: -----/-----/----- Received by (staff signature): -----

Date received: ----- Registration Number: -----

Date Entered: ----- Registrar's signature: -----

Remarks (if any): -----