

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 L	ETTERS)														
Title (Tick the appropriate)	Rev. / Dr. / Mr. / Mr	s./sp	ecify	if any o	other	·									
Full Name (as given in official documents)															
Nationality	Mother To	ongue						· [Date o	of Birt	h				
anguage Known Speak: Write:															
Denomination															
Address for Correspondence															
Permanent Address															
Telephone NoEmail Address:		N	lob No	0											
Details of Educational Qualifications	s and Training (Provide	an attest	ted Ph	otocopy	of the	same	e)								
Qualification & Subject	College/University						Y	ears			Med	dium	of St	udy	
Details of Present Post and Current	t Ministry in Church/Diod	cese (if a	any)												
Years				[Details	S									

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 curse (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 necess ary 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	e: -
Contact Address: Dr. Young In Chang Email: cctbadmission@gmail.com , chilmari96@gmail.com		
Jaleshore Rd, Savar, Dhaka Cell: 01322-564040; Office: 01714-115-730		
	For Office Use Only	
Type of Student Entry: Standard/Upgrade		
Admission Fee Amount:	Receipt/ Acknowledgement	t no, if any
Date: //	Received by (staff signature	9):
Date received:	Registration Number:	
Date Entered:	Registrar's signature:	
Remarks (if any):	 	