



Please check (✓) which one apply to you. Refer to application instructions (**Choose one only**)

- 選讀訪問生 Occasional Student
- 旁聽訪問生 Audit Student
- 持有效許可信訪問生 Letter of Permission Student

Please **PRINT in English**. When completed, **return to the office with a recent photo of yours**. All information will be treated in strict confidence & in accordance to the terms of Tyndale's privacy policy, accessible at www.tyndale.ca/privacy. If questions are not applicable, fill in N/A. 表格必須以**英文正楷**填寫,所有資料保密,不適用者請填寫 N/A。填委後請**連同你的一張近照**交回招生辦公室。

CCSTT Admissions Office 加神多倫多招生辦公室:

📍 CCSTT, 3377 Bayview Avenue, Toronto, Ontario Canada M2M 3S4

☎ 416-226-6620x2219 ✉ ccstt@tyndale.ca

A. PERSONAL INFORMATION 個人資料

Name 姓名:

(English) First: _____ Last: _____ Middle: _____ Preferred Name: _____
(If applicable) (If applicable)

(中文) _____

Address 地址:

(Home) Apt#: _____ Street: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

(Mailing) If different from above: _____

Telephone number & Email 電話/電郵:

(Home) _____ (Cell) _____ (Business) _____

(Email) _____

Church Information 教會資料:

Home Church Name 所屬教會: _____

Denomination 所屬宗派: _____

Address 地址: _____ Postal Code: _____



Other Information 其他資料:

Date of Birth M 月 D 日 Y 年
出生日期

Country of Birth
出生地

Male 男
 Female 女

Marital Status Single 單身
婚姻狀況 Married 已婚

Name of Spouse 配偶姓名:

Immigration Status Canadian Citizen 加籍公民
移民身份 Student Visa 學生簽證
 Landed Immigrant 移民
 Others(please specify):
其他簽證(請註明):

Citizenship (if not Canadian):
國籍 (如非加籍):

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 入讀期間	Certificate/Diploma/ Degree Earned 獲取學位/文憑 (Specify <Incomplete> if applicable)

C. PLANNED DATE OF ENTRY 計劃入學日期

(please choose the semester and fill in the planned year of entry)

- Fall 秋季 (Sept)
- Winter 冬季 (Jan)
- Summer 春夏季 (May)

Year: _____



D. YOUR REFEREES 推薦人資料

PASTORAL REFERENCE – HOME CHURCH PASTOR 所屬教會牧者推薦

Name (中/英): _____ Position/Title: _____

Telephone: _____ Email: _____

Name of Church/
Organization: _____ Connection to the Applicant: _____

E. ADDITIONAL INFORMATION 其他資料

Person to contact in case of emergency 如有緊急事故，請聯絡：

Parent 父母 Spouse 配偶 Friend 朋友 Others Relatives 其他親人

Name: First: _____ Last: _____ 中文姓名: _____

Telephone: _____ Email: _____ Address: _____

Why are you interested in becoming a Visiting Student at CCSTT?
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 CCSTT**. I certify that the information provided in this application is complete and correct.

Signature of the Applicant

Date

MM / DD / YY