



CHIN CHRISTIAN INSTITUTE OF THEOLOGY

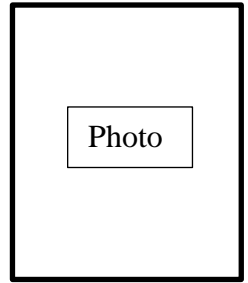
Falam, Chin State 03031

Union of Myanmar

Contacts: Principal—09250882216; 09775734853; Office Asst: 09250884615; 09775730388;

Email: admin@ccitheo.com; admission@ccitheo.com; registrar@ccitheo.com

Application Form



Application for Program:

Year and Semester: : 202____ to 202____ Academic Years
: First Semester or Second Semester

Undergraduate programs: : BTh — Full Time / Part Time
: BMin — Full Time / Part Time
: DipTh

Graduate Programs: : MDiv — Full Time / Part Time
: MMin — Full Time / Part Time
: MATS

Non-Degree Program: : Non-Degree Credit

Personal Information: If an information is not applied to you, write NA (Not applicable).

Name: _____

Sex: : Male Female

Date of Birth (DD/MM/Yr): ____/____/____

Place of Birth: _____

Father's Name: _____

Mother's Name: _____

Home Address: _____

Email Address: _____

Marital Status: Single Married
 Widow/Widower Divorcee

Telephone Number: _____

Spouse Name: _____

Number of Children: _____

Church Affiliation: _____

Denomination: _____

Association: _____

Convention: _____

Sponsorship Information:

1. Will you be sponsored by your Association/Church organization? Yes or No
If yes, give the name of the sponsoring organization _____.
And the name of the person incharge in that organization _____.
Phone Number _____ Email Address _____.

2. Will you be sponsored by Parents/Relatives/Friends? Yes or No
If yes, give the name of the person _____.
Phone Number _____ Email Address _____.

Educational Information

Name of Institution	Address	Date Attended	Grade Completed
High School(s)			
1			
2			
College or University			
1			
Seminary or Religious Insitution			
1			
2			

Ministry or Employment Information

No	Name of Church or Organization	Position	Address	Date
1				
2				
3				
4				

Information for Required Documents

- (a) One recent passport size photograph.
- (b) A copy of education certificate and official transcript.
- (c) Two recommendation letters from YOUR Church Pastor and YOUR Association GS.
- (d) An up-to date medical report from any government medical institution.
- (e) A letter of financial statement from your sponsoring organization or Family/Relatives/Friends.
- (f) A copy of National Registration Card.
- (g) ENTRANCE EXAMINATION will be held for B.Th and M.Div; but all *students* need to sit for ORAL TEST. *Enquire schedule for both examinations from the office.*

Pledge

In seeking an admission to CCIT I, _____, agree, if admitted as student, to maintain the standards of the institution and comply with the rules and regulations put in place for the students in the college Handbook. I also accept the responsibility to settle all the expanses while in CCIT.

Applicant’s signature _____

Date _____