



Study to show thyself approved unto God, workman that needeth not be ashamed, rightly dividing the word of truth! 2 Timothy 2:15

**Place your
2 x 2" photo
here**

NEW STUDENT ENROLLMENT APPLICATION

Today's Date: _____

Current Degree to be pursued:

_____ Associate

_____ Bachelor

_____ Master - Chamberlain Graduate Program Masters of Ministry

*Returning Students please fill out Personal Information and make update any changed information from previous application(s).

PERSONAL INFORMATION

*Title (Circle one): Mr. Mrs. Miss Ms. Pastor Rev. Other: _____ Sex: M ___ F ___

*Full Legal Name: _____
First Middle Last

*Street: _____ Apt/Unit#: _____

*City: _____ State: _____ Zip: _____ Province/Country: _____

*Home Phone: (____) _____ Cell Phone: (____) _____

*Social Security #: ____ - ____ - ____ E-mail Address: _____

Drivers License #: _____ Date of Birth: ____/____/____ U.S. Citizen: Yes ___ No ___

Place of Employment: _____ Work Phone #: (____) _____

Military: Yes/No If yes, dates served with the U.S. Armed Forces: _____

Parents/Guardian (if dependent student) _____ Phone: (____) _____

Permanent/Parent's Address: _____

City: _____ State: _____ Zip: _____ Province/Country: _____

Permanent Phone: (____) _____ E-mail Address: _____

If No, Country of Citizenship: _____ Permanent Resident # _____

F-1 Student Visa Number: _____ Other U.S. Immigration Status: _____

Do you consider the English Language your native tongue? Yes ___ No ___ Primary Language: _____

Racial/Ethnic Group: _____ American Indian/Alaskan Native _____ Asian/Pac. Islander _____ Black/Non Hispanic
_____ Caucasian _____ Hispanic _____ Other _____

Marital Status: Married _____ Single _____ Divorced _____ Separated _____ Widowed _____ Engaged _____

Spouse's Name: _____ Children(s) Name(s) and Ages(s): _____

CHURCH INFORMATION

Pastors Name: _____ Denomination/Affiliation: _____

Church Name: _____ *(Do not abbreviate)*

Church Phone: (_____) _____ City/State where church is located: _____

Church WEB Address: _____

Pastors E-mail Address: _____

CHRISTIAN EXPERIENCE

1. Have you accepted Jesus Christ as your Lord and Savior? _____ If so, when? _____
2. Have you been filled with the Holy Spirit as recorded in Acts, chapter 2? _____
3. After completing your studies at CWCT MS, what are your vocational or ministry objectives? _____

4. On a separate sheet of paper, please detail how you came to know Christ and what He means to you. Also, include information about the calling or direction the Lord has given you in regard to your future and ministry.

EDUCATIONAL INFORMATION

1. High School Last Attended: _____
City/State of High School: _____

2. Did you graduate? Yes, Year _____ No _____
3. If you did not graduate, do you have a GED, or other high school equivalent? Yes _____ No _____
4. Please submit documentation of High School completion or its equivalency (G.E.D.) with this application as well as S.A.T., or A.C.T. scores (These should be on you H.S. Transcript).
5. Have you previously applied to CWCT MS? Yes, When? _____ No _____
6. Please list below all colleges you have attended - you will need to submit an official transcript for each of these institutions:

Institution	Dates Attended	Diploma or Degree	GPA	Credit Hours

ADMISSION REQUIREMENTS

Students must be committed to the absolute Lordship of Christ, through an ongoing relationship with Him, and by a desire to reach greater maturity in Him, in full obedience to His will.

1. A copy of a high school diploma, or its equivalent, for entrance into the College for the undergraduate level.
2. Transcripts from all institutions attended for college credits.
3. Resume of life experiences; courses taken; ministering involvements and any other information that may be pertinent for consideration and recording.
4. Completion of Pastoral Recommendation Form.
5. A current photograph of applicant (alone and preferably 2x2)
6. Registration Fee payable to CWCT MS – NON REFUNDABLE



Christian World College of Theology Mid Shore

Study to shew thyself approved unto God, a workman that needeth not to be ashamed,
rightly dividing the word of truth (2 Timothy 2:15, KJV)

Rev. Derwin Lowe – Chancellor
Robin Marshall – Registrar

Dear Pastor,

Christian World College of Theology Mid Shore requires applicants to submit this form prior to consideration of acceptance. We ask that you complete this form carefully and return it directly to our admissions office. All information contained herein will be held in strict confidence. If you have any questions or need anything additionally please feel free to contact our office by phone: 410-822-8401 or by e-mail: tec@atlanticbb.net.

Thank you,

Chancellor
Rev. Derwin Lowe

Registrar
Robin Marshall

1. Applicant's Last Name: _____ First Name: _____
2. How long have you know the applicant? _____
3. How well do you know the applicant? _____
4. To your knowledge has the applicant made a meaningful commitment to Jesus Christ? _____
If so, how long has the applicant been a Christian? _____
5. Please describe the applicant's attitude toward the church and its activities: _____
6. Does the applicant use illegal drugs, alcohol or tobacco? _____
7. Is the applicant living a consistent Christian Life? _____
8. Has the applicant given any evidence of a specific call to the ministry? _____
If so, please comment: _____
9. What ministry is the applicant currently involved in? _____
10. Please list any specific abilities that you have observed in the applicant that would enhance his/her effectiveness in Christian ministry: _____
11. Please list any of the applicant's weaker points of which you feel we should be aware of: _____

Please make any additional comments on the back of this form.

Signature: _____ Date: _____

Name (please print): _____ Position: _____

Church Name: _____

Church Address: _____ Phone/Cell: _____

E-mail Address: _____ Church Website: _____