

Year/Term:

Serial No:

STUDENT REGISTRATION FORM
[FIRST-TIME REGISTRATION]

Note: This form must be handed in with a letter of recommendation from your pastor

A. STUDENT DETAILS

Please fill in all details (or ✓ as relevant).

1. Full name: _____
2. NIC / PP No: _____
3. Male Female
4. Email: _____
5. Single Married
6. Address (Home): _____

7. Address (Postal – if different from above): _____

8. Telephone: (a) Home _____ (b) Mobile _____ (c) Office _____
9. Profession/ Ministry: _____ 10. Designation: _____
11. Place of work/ministry/school: _____
12. Area(s) of ministry: _____

B. CHURCH DETAILS

1. Name of church: _____
2. Name of pastor: _____
3. Church address: _____

4. Telephone: (a) church _____ (b) pastor _____
5. Church/pastor's email: _____
7. Denomination: _____

C. RECOMMENDATION DETAILS

To be completed **only if** your letter of recommendation is **not** from the pastor of your church

1. Name of recommending person: _____

2. Church/Christian Organization: _____

3. Address: _____

_____ 4. Email: _____

5. Telephone: (a) Official _____ (b) Mobile _____

D. COURSE DETAILS

	Course Name	Medium (E/S/T)	No. of Credits
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		TOTAL	

Note: The actual cost per credit is Rs 1,500.

However, if you require assistance with course fees,

You may avail yourself of one of the two discounted rates available (see below).

Please **one option below:**

- Option A (Full fee):** I am happy to pay the full fee at the rate of Rs 1,500 per credit
- Option B (Discounted fee):** I opt to pay the course fee at the rate of Rs 1,000 per credit
- Option C (Minimum payment):** I opt to pay the course fee at the rate of Rs 500 per credit

☆ I came to know of CTS through: My church/pastor A CTS student/alumni The CTS website
 Email publicity Staff/faculty/friend of CTS Other (please give details) _____

I have read and understood the CTS Statement of Faith and the Students Terms and Conditions.

Student

Registrar

Accountant

Date _____

Date _____

Date _____

The Registrar
Colombo Theological Seminary
189 Dutugemunu Street
Kohuwela

Dear Registrar,

This is to certify that _____ (name of church member)
of _____
_____ (residential address)
has been a member of _____ (name of church)
for _____ (period of church membership).

As the pastor/minister/priest in charge of this church, I am happy to recommend his/her application for enrolment as a student at Colombo Theological Seminary.

Signature of Recommending Pastor/Minister/Priest

Official Church Seal

Name of Recommending Pastor/Minister/Priest

Date: _____

Contact Details of Recommending Pastor/Minister/Priest

Postal Address: _____

Church Address (if different): _____

Telephone no (mobile): _____ *Telephone no (land):* _____

Email address: _____