



THE PASTORS' COLLEGE

A Ministry of Metropolitan Baptist Church

DR. DANIEL LUNDY, *Principal*

49 Bogert Ave., TORONTO, ONTARIO, CANADA, M2N 1K4

TEL/FAX: (416) 783-5061

Website: <http://www.pastorscollege.ca>

REGISTRATION FORM

[please print clearly]

Date of Application _____

PERSONAL INFORMATION

Name _____

Address _____

Email _____

Telephone Home (____) _____

Work (____) _____

Date of Birth _____

Family Status _____

Single

Married

[Spouse's name _____]

Seperated/Divorced

Occupation _____



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SPIRITUAL HISTORY

Are you a Christian? _____

Are you a member of a Christian church? _____

Name of your Pastor: _____

Does your pastor support your plans to train with us? _____

(If applicable) Does your spouse support your plans? _____

Do you have a sense of God's call to pastoral ministry? _____

What church ministries have you been involved in? _____

Please give the names of 2 Christians (not related to you) who would be willing to provide references for you:

1) Name/Telephone _____

2) Name/Telephone _____



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ACADEMIC BACKGROUND

Please list all post-secondary training you have received to date, and any degrees you have earned.

Have you already taken any courses at The Pastors' College? If so, please indicate.

Are you attending any other post-secondary schools? If so, please indicate your current status.



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CONDITIONS OF ADMISSION

I affirm that I have freely consented to supply all of the information contained in this application, and that all said information is correct. I understand and accept that my admission to and continuation in The Pastors' College is at the sole discretion of the duly appointed authorities of The Pastors' College

APPLICANT'S NAME

SIGNATURE

DATE
