



COLOMBO THEOLOGICAL SEMINARY

189 Dutugemunu Street, Kohuwela

Year/Term: _____

Serial No: _____

STUDENT REGISTRATION FORM

[FIRST-TIME REGISTRATION]

Important:

- (1) CTS courses are open to all Christians and this form must be handed in with a letter of recommendation from your pastor**
- (2) Applicants must be 18 years of age or over**
- (3) This form must be accompanied by a pastor's recommendation (see format attached)**

A. STUDENT DETAILS

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

NIC/PP No: _____

1. Full name: _____

2. Email: _____

3. Male Female

4. Address (Home): _____

5. Single Married

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

7. Date of Birth: _____

8. Telephone: (a) Home _____ (b) Mobile _____ (c) Office _____

9. Profession/Ministry: _____ 10. Designation: _____

11. Place of work/ministry/school: _____

12. Area(s) of ministry: _____

13. Applicant's highest educational qualification: _____

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: _____

6. Denomination: _____

C. RECOMMENDATION DETAILS

To be completed **only if** your letter of recommendation is **not** from the pastor of your church
(for those being sponsored by a Christian organisation)

1. Name of recommending person: _____

2. Designation/Christian Organization: _____

3. Address: _____

_____ 4. Email: _____

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

D. COURSE DETAILS

Course Name		Medium (E/S/T)	Nbr of Credits
1			
2			
3			
4			
5			
6			
		TOTAL	

The introductory price per course is Rs 4,000.00.

It is not recommended that new students enrol for more than two courses in the term.

☆ 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 am a Christian

☆ I am a member of _____
[Name of the Church]

Student

Registrar

Accounts

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 Number (mobile): _____ Landline: _____

Email Address: _____