



# Application Form

## Master of Arts/Divinity Degree Programs

### Cameroon Baptist Theological Seminary

Name: \_\_\_\_\_  Male  Female  
First name Family name

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
Phone number E-mail address

To which degree program are you seeking admission? (please check only one. Tick Arts or Divinity)  
 Master of  Arts/ Divinity in Biblical Studies  
 Master of  Arts/ Divinity in Missions  
 Master of  Arts/ Divinity in Pastoral care and counseling

When do you wish to begin your enrollment? Semester, 20\_\_\_\_\_

English proficiency:  Poor  Below Average  Average  Good  Excellent

Denomination:  Baptist  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Day Month Year

Marital Status:  
 Single  Engaged \_\_\_\_\_  Married \_\_\_\_\_  Widowed \_\_\_\_\_  Divorced \_\_\_\_\_  Remarried \_\_\_\_\_  
date date date date date

Name of Spouse/Fiancé: \_\_\_\_\_  
First name Family name

Number and ages of children: \_\_\_\_\_

Institution:	Dates Attended:	Degree/Date Received:

List all schools attended:

Bachelor's degree from which institution: \_\_\_\_\_ Major: \_\_\_\_\_

Work and ministry experience and dates since Bachelor's degree: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work and ministry experience and dates before Bachelor's degree: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When did you become a Christian? \_\_\_\_\_

When/where were you baptized? \_\_\_\_\_

Why are you interested in enrolling in a Master's program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your ministry plans and goals after completing the Master's program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you intend to pay for your fees? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please include on a separate piece of paper:

- any further comments that did not fit in spaces provided
- your Christian testimony, including your conversion, significant spiritual events and influences in your life, what you believe are your gifts and why
- Submit a typed research paper on the topic of your choice (graded or ungraded)
- official transcript from the institute you received your Bachelor's degree
- completed CBTS Medical Examination Form done at a CBC health facility

Please have four references sent separately:

- One professional reference
- One reference from a church leader
- Two references from two separate colleagues

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**I affirm that my statements above and in the attached pages are correct to the best of my knowledge.  
If admitted I agree to abide by the standards of conduct of the Cameroon Baptist Theological Seminary.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

**PLEASE RETURN TO:**  
The Registrar  
Cameroon Baptist Theological Seminary  
PO Box 44, Ndu  
Donga/Mangung Division  
Northwest Region, CAMEROON