

海外神學院證書科申請表
OVERSEAS THEOLOGICAL SEMINARY
Certification Program Application

PHOTO

Full legal name: _____

Last

First

Middle

Chinese name: _____ Sex: M F

Languages: Mandarin Cantonese English Others _____

Address: _____

Phone number: Home () _____ Cell () _____

Email _____ @ _____

Birth date: _____ Birthplace: _____ Citizenship: _____
mm/dd/yy State/Country Country

Passport/ID number: _____ Visa Type: _____ (If applicable)

Social Security Number: _____

Marital status: Single Married Divorce Remarried Others _____

Name of spouse: _____

Names and ages of children: _____

Church background: Church's name _____

Address _____

Pastor's name _____ Baptized date _____

Ministry experience in church _____

Employment: _____ Position: _____

Education: College's name _____

Major _____ Degree _____ Date _____

College's name _____

Major _____ Degree _____ Date _____

References: Pastor's name _____ Church: _____

Phone number () _____

Address _____

Applicant's signature: _____ Date: _____

請隨表附上申請費\$30及個人見證，寄到海外神學院 2116 Newport Ave, San Jose, CA 95125