Doctor of Ministry Programme
Application Form

CONFIDENTIAL

Name : ____________________
Academic Year : ______________
Application No. : ______________
Student No. : ______________

5 Devon Road, Kowloon Tong, Kowloon, Hong Kong.
Tel : (852)2794-6769  Fax : (852)2794-6767  Email : admissions@cgst.edu  Website : http://www.cgst.edu
Application For Admission

1. Personal Information

- Rev. □ Mr. □ Ms. □ Mrs. □ Others

Name ____________________________________________ (Chinese) __________

SURNAME FIRST NAME OTHER NAME

Sex __________ Date of birth _______ _______ ______

YY MM DD

CGST Student. No. ________________ (if applicable)

Year of Graduation and Programme ______________________________ (if applicable)

H.K.Identity Card No. / Passport No.*

Place of Issue ____________________

Address for correspondence ____________________________________________

_______________________________________________________

_______________________________________________________

Telephone (Home) ________________ (Office)______________________________

Mobile ______________________ Fax ________________________________

E-mail address ________________________________

Occupation ________________________________

Home church ________________________________

Date of Baptism _______ _______ ________

YY MM DD

Current church ________________________________

Current church Address ________________________________

Telephone __________________________ Minister's name _______________________

How long have you attended this church? __________________________

Marital status : □ Single □ Married □ Separated □ Divorced

□ Widowed □ Remarried

Spouse's name ____________________________ (Chinese) _______________________

Is your spouse a Christian? □ Yes □ No Date of marriage_____________________

Number of children ________________

*Please delete as appropriate
2. **Academic Qualifications**: (University/Post-secondary School/Seminary/Professional Qualification)

(Official transcripts with a complete record of the courses attended and examination results, from ALL tertiary level studies, except those taken in CGST should be sent directly to CGST.)

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<tr>
<th>Title of degree/diploma/professional (Please indicate Full-time or Part-time)</th>
<th>Date of study</th>
<th>Major subject</th>
<th>GPA</th>
<th>Awarding institution/Country</th>
<th>Date of award</th>
<th>Language of instruction: (English or not English)</th>
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**English Language Requirement**
(To be completed by applicants from institutions where the language of instruction and examination is not in English.)

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<th>Date of Test</th>
<th>Score</th>
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**Scholarship previously awarded**
3. **Work Experience**

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<th>Employer</th>
<th>Position</th>
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4. **Other Ministry Experience**

(For example, experience as director/leader of institution, in church planting/mission project, teaching, speaking at conferences, publications, etc.)

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<th>Date</th>
<th>Experience/Postion/Publication</th>
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5. **Personal Statement**

Please attach a personal statement of no more than 3,000 words in length (4,000 Chinese), including a description of your calling, ministry experiences, reasons to pursue DMin programme, and the proposed research issue.

6. **Sample Writing**

Please submit a sample writing of approximately 3,000 words (4,000 Chinese). The writing should offer reflections on and responses to the article “Christian Discipleship in a Postmodern World” by David F. Wells. ([https://www.etsjets.org/files/JETS-PDFs/51/51-1/JETS_51-1_019-033_Wells.pdf](https://www.etsjets.org/files/JETS-PDFs/51/51-1/JETS_51-1_019-033_Wells.pdf)).
7. **Supervisor Referee** (Pastor, church leader, or mentor who serves or has served as the applicant’s supervisor or pastor.)

   Name ___________________________

   Position Held ____________________

   Church/Institution __________________

   Address __________________________


8. **Peer Referee** (Professional peer in current ministry or ministry within the past five years. The referee cannot be someone that the applicant supervises)

   Name ___________________________

   Position Held ____________________

   Church/Institution __________________

   Address __________________________


9. **Peer/Co-worker/Academic Referee** (Academic Referee must be a teacher of the applicant within the past five years. If Academic Referee is not available, the Referee could be a peer/co-worker with the applicant – a subordinate is also acceptable.)

   Name ___________________________

   Position Held ____________________

   Church/Institution __________________

   Address __________________________


10. **Declaration**

    I declare that the information and documents provided in support of this application are, to the best of my knowledge, accurate and complete and understand that my application will be disqualified if any information or document provided is found to be false.

    Date ___________________________    Signature ____________________________

    Personal data collected will be used for admission purposes only.
Note to applicant: Applicants should complete Section I below, then send one copy of this form to the referee with the request that the referee complete Section II and return the form directly to the China Graduate School of Theology as soon as possible.

Note to referee: The applicant named below is applying for admission to the DMin programme. Kindly complete Section II of this report and return it directly to the China Graduate School of Theology, Dean's Office, 5 Devon Road, Kowloon Tong, Hong Kong as soon as possible. All information given here will be treated as strictly confidential. It will be used only for the purpose of determining whether the candidate will be admitted; and it will be accessible only to those responsible for processing the application. We are most grateful for your full and candid assessment.

Section I (To be completed by applicant)

Name of applicant ________________________________________________

(in block letters, surname first)

Section II (To be completed by referee)

1. Name of referee ____________________________________________________

   How long have you known the applicant? ________________________________

   In what capacity have you known the applicant? __________________________

2. Please check which of the following descriptions apply to the candidate.

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<th>Emotional Stability</th>
<th>Leadership Qualities</th>
<th>Responsibility</th>
<th>Cooperation</th>
<th>Teamwork</th>
<th>Communication</th>
<th>Personal Maturity</th>
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<th>Critical Faculty</th>
<th>Church Involvement</th>
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PERSONAL EVALUATION OF THE APPLICANT

3. If this candidate is admitted to CGST his/her chief need for personal development or improvement will be:

________________________________________________________________________
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4. Further Comments:

________________________________________________________________________
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RECOMMENDATION
Please check one of the following:

☐ Recommend with enthusiasm for admission
☐ Recommend for admission
☐ Recommend with reservation
☐ Do not recommend for admission

Name of referee (please print or type) _______________________________________
Position or title ___________________________________________________________
Name of institution (if applicable) ___________________________________________

Address _________________________________________________________________
City ___________________________ State _______ Zip _______________
Phone: Office ( ) ___________________ Home ( ) _________________________

Signature _____________________________ Date ___________________

Thank you for your contribution. Please return this form to the China Graduate School of Theology, Dean's Office, 5 Devon Road, Kowloon Tong, Hong Kong as soon as possible.

5 Devon Road, Kowloon Tong, Kowloon, Hong Kong.
Tel : (852)2794-6769     Fax : (852)2794-6767
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Name of applicant __________________________________________________________

(in block letters, surname first)

Section II (To be completed by referee)

1. Name ____________________________________________ of ____________ referee

How long have you known the applicant? ______________________________________

In what capacity have you known the applicant? (Pls specify in particular if you are the supervisor or supervisee of the applicant.) __________________________________________

2. Please check which of the following descriptions apply to the candidate.

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Please check one of the following:

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☐ Recommend for admission
☐ Recommend with reservation
☐ Do not recommend for admission

Name of referee (please print or type) __________________________________________

Position or title ______________________________________________________________

Name of institution (if applicable) ______________________________________________

Address ________________________________________________________________

City ____________________________ State _____ Zip _____________

Phone: Office ( ) _________________ Home ( ) ____________________________

Signature ___________________________ Date __________________

Thank you for your contribution. Please return this form to the China Graduate School of Theology, Dean's Office, 5 Devon Road, Kowloon Tong, Hong Kong as soon as possible.

5 Devon Road, Kowloon Tong, Kowloon, Hong Kong. Tel : (852)2794-6769 Fax : (852)2794-6767
Note to applicant: Applicants should complete Section I below, then send one copy of this form to each academic referee with the request that the referee complete Section II and return the form directly to the China Graduate School of Theology as soon as possible.

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<td>Christian commitment</td>
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<td>Potential in research</td>
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<td>Skill in spoken communication</td>
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<td>Personal maturity</td>
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<td>Ability to complete a rigorous course of graduate study</td>
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<td>Vocational prospects as a teacher</td>
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<td>Vocational prospects in ministry</td>
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3. Compared with other students you have taught, how would you rate the applicant's academic achievement? (Please tick as appropriate)

Top 10%          Next 20%          Next 40%          Next 20%          Bottom 10%

________          ________          ________          ________          ________

4. Please make any further comments as appropriate (e.g. on the research proposal/statement of research interest).

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5. What is your overall recommendation?

☐ Recommend with enthusiasm for admission
☐ Recommend for admission
☐ Recommend with reservation
☐ Do not recommend for admission

Signature of referee ___________________________ Date _____________________________

Name of referee (IN BLOCK LETTERS) _____________________________ Prof/Dr./Mr./Ms.*________________________

(*Please delete as appropriate)

Position _____________________________

Institution _________________________________________________________________

Address _________________________________________________________________

Please return this form to the China Graduate School of Theology, Dean's Office, 5 Devon Road, Kowloon Tong, Hong Kong as soon as possible.

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