



APPLICATION FOR ADMISSION

CRIO BIBLE COLLEGE

*Instructions: Please fill out this form completely, in your own handwriting, and mail to:
Registrar, **CRIO BIBLE COLLEGE**, Juuko Road, Kibuye. Opposite Katwe Police
Station P. O. Box 34612, Kampala, Uganda., or scan and send
to: criobiblecollege@gmail.com.*

1. Personal Information

Surname _____ First Name(s) _____

Date of Birth _____

Permanent Address _____

City _____ District _____ Country _____

Phone _____ E-mail _____

Marital Status:

☐ Married ☐ Divorced ☐ Single ☐ Widowed Number of dependents _____

2. Education

Schools Attended	Years Attended	Award Earned
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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3. Work Experience

Secular work Experience _____

4. Ministry Experience

Church and Denomination _____

Name of Local Church _____

Check all that apply:

☐ Ordained ☐ Bible Institute/School Teacher

☐ Pastor ☐ Evangelist ☐ Other _____

Number of years involved in ministry _____

5. Contact Information

Nearest Relative (spouse, father, mother) _____

Address (if different from yours) _____

City _____ District _____ Country _____

Phone _____ E-mail _____

6. Testimony: On a separate sheet of paper, in your own handwriting, please write your life testimony, including (a) your early life, (b) your conversion and baptism in the Holy Spirit, (c) your call to the ministry, (d) your experience in Christian service. *

7. Declaration of Beliefs: Please send a declaration of your beliefs in Christian doctrine. *

8. Finances: Schooling at **CRIO BIBLE COLLEGE** will be paid by what means? _____

9. Attached Forms: Please complete and send these forms: * Academic documents, * Church Recommendation. Bring the certified copies** Please include two passport-sized photos.

**The Church Recommendation form is required of *all* applicants and must be signed by the senior pastor or general overseer of the church in which the applicant serves.

AGREEMENT: I, the undersigned, certify that all the above information is true to the best of my knowledge. I understand that if any of the above data is falsified, it would be grounds for my immediate dismissal from **CRIO BIBLE COLLEGE**. If accepted at **CRIO BIBLE COLLEGE**, I pledge that I will obey all school rules, conduct myself as a Christian and minister of Jesus Christ, and cooperate with the administration of the school in maintaining its moral, spiritual, and educational standards.

Signature of applicant _____ Date _____

Office Use Only

Date Received: _____ By: _____ Fee (50,000/=) Paid: Yes _____ No _____



CHURCH RECOMMENDATION

CRIO BIBLE COLLEGE

OFFICE USE ONLY

Date received _____

By _____

To Applicant: Please fill in your name and address, then ensure the Senior Pastor or General Overseer completes the form. It is your responsibility to submit the completed form by either mailing it to the Registrar at CRIO BIBLE COLLEGE, Juuko Road, Kibuye, Opposite Katwe Police Station, P. O. Box 34612, Kampala, Uganda, or scanning and emailing it to criobiblecollege@gmail.com. The response will remain confidential.

TO BE COMPLETED BY THE APPLICANT

Surname _____ First Name(s) _____

Permanent Address _____

City _____ District _____ Country _____

Phone _____ E-mail _____

TO BE COMPLETED BY THE GENERAL OVERSEER OR SENIOR PASTOR OF THE CHURCH

How long has the applicant been in ministry? _____

What credentials does he/she hold? _____

If ordained, how long? _____

Is he/she a Bible school graduate? _____ What school? _____

Current Ministry: ☐ Pastor ☐ Evangelist ☐ Bible School Teacher

☐ Church Official—specify _____

☐ Other _____

Has he/she ever been a cause of trouble or dissension in the ☐ local church? ☐ Village? ☐ district?

☐ region? ☐ other? _____

If so, explain: _____

Would attendance at **CRIO BIBLE COLLEGE** help him/her and your church? _____

Do you recommend without hesitation that he/she attend? _____

Do you know of any reason he/she should not attend **CRIO BIBLE COLLEGE**? _____ If yes, explain:

How will his/her school expenses (tuition, travel, books, supplies, etc.) be met? _____

Check the column that best indicates the applicant's attitude in each of these categories:

Attitude toward	Excellent	Good	Fair	Poor
His/her ministry	_____	_____	_____	_____
His/her superiors	_____	_____	_____	_____
Fellow pastors	_____	_____	_____	_____
His/her family	_____	_____	_____	_____

(Please print legibly)

Name of Senior Pastor or General Overseer _____

Signature and stamp _____ Date _____

Mailing address _____

City _____ District _____ Country _____

Phone _____ E-mail _____

(Note: The Senior Pastor or General Overseer is required. However, if the *Senior Pastor or General Overseer* does not know the applicant well, he may delegate someone else to answer the questions. If someone other than the *Senior Pastor or General Overseer* fills out this recommendation form please include the name, position and signature of that person in addition to that of the *Senior Pastor or General Overseer*.)

Name of person delegated to complete the recommendation form: _____

Role/Position: _____

Signature and Stamp: _____ Date: _____

