



# CANADIAN REFORMED THEOLOGICAL SEMINARY

110 West 27<sup>th</sup> St.  
Hamilton, ON L9C 5A1  
Phone: 905 575 3688  
[www.canadianreformedseminary.ca](http://www.canadianreformedseminary.ca)

## APPLICATION FOR ADMISSION AS A PART-TIME STUDENT

Name \_\_\_\_\_  
(last name) (first name) (other)

Home Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Place \_\_\_\_\_ Nationality \_\_\_\_\_

Marital Status \_\_\_\_\_ Wife's name (if applicable) \_\_\_\_\_

Home Church \_\_\_\_\_

Elementary Education (list schools attended) \_\_\_\_\_

Secondary Education (list schools attended) \_\_\_\_\_

Post-Secondary Education (list Colleges/Universities attended) \_\_\_\_\_

\_\_\_\_\_

Degrees/certificates obtained (if any) \_\_\_\_\_

CRTS Course(s) in which You Wish to Enroll \_\_\_\_\_

Will this course be counted towards a degree at another institution? \_\_\_\_\_

If yes, please indicate what program and institution \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

This form should be submitted to the Registrar of the Seminary. The Registrar reserves the right to request more information.