



# APPLICATION FOR ADMISSION

*Study to present yourself approved to God.*

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# *Check List*

Collect all the following documents to be included in your completed application package.

- Signed & Dated Application Form
- Essay Question Responses (typed)
- \$10 or 20,000/= Application Fee (non-refundable)
- 3 Signed & Sealed Reference Forms (one pastoral)
- Copy of Secondary School Certificates, High School Diploma, GED
- Copy of SAT/ACT & Transcripts (required for homeschool students)
- Official College Transcripts (if applicable)
- CCBC Extension Campus Transcripts (if applicable)
- 4 Passport/Wallet-size Photographs
- Liability Waiver Form
- Proof of Valid Medical Insurance
- TOEFL Test Results (see page 7 for required countries)
- Financial Support Documentation (foreign students only)
- Copy of Certificate of Residence (foreign students only)
- 4 Copies of Passport Information & Picture Page



# Application for Admission

This information, as with all of the application, will be held in strict confidence. This will not necessarily disqualify you from being accepted, however, any misleading or withheld information may lead to automatic disqualification. Please also note that your application will not be processed until the *application fee is received*. Please send your completed package to Admissions at P.O. Box 7312, Kampala, Uganda.

## GENERAL INFORMATION

Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security # (US residents only):          Gender:  Male  Female

Date of Birth (DD/MM/YY):   /   /   Age:   Trade or Occupation: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Re-married  Separated

If married, name of spouse: \_\_\_\_\_ How long have you been married? \_\_\_\_\_

Children:  Yes  No If yes, name(s) & age(s): \_\_\_\_\_

Current Address (Street & P.O. Box #): \_\_\_\_\_

City: \_\_\_\_\_ District/State: \_\_\_\_\_ Zip (US residents only): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permanent Address (if different from current address): \_\_\_\_\_

City: \_\_\_\_\_ District/State: \_\_\_\_\_ Zip (US residents only): \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Additional Information: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

**Contact #1** (please indicate relationship)  Father  Mother  Guardian  Spouse

Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

**Contact #2** (please indicate relationship)  Father  Mother  Guardian  Spouse

Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

If your parents are divorced or separated, with whom do you live?  Father  Mother  Guardian

## ENROLLMENT INFORMATION

For which semester do you plan to attend?

August/Fall Semester Year: \_\_\_\_\_  February/Spring Semester Year: \_\_\_\_\_

For which of the following are you applying?

Full Time (minimum 15 credits)  Part Time (14 credits or less)

For which program of study are you applying?

Degree - Associate of Theology  Non-Degree - Certificate of Completion  
(credit/no-credit)

Degree - Bachelor of Biblical Studies  
(Please submit evidence of Associate of Arts Degree  
in General Education)  Non-Degree - Audit

## EDUCATIONAL INFORMATION

Please list all schools attended from Secondary/High School to present:

Name of Institution	Date of Attendance	Degree/Diploma/Certificate	Major/Minor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## LIFE PROFILE

Are you a smoker or do you use tobacco products?

Yes  No

Do you drink alcoholic beverages?

Yes  Occasionally  No

Have you ever or are you currently using any illegal drugs?

Yes  No

If yes, please explain including dates: \_\_\_\_\_

Have you ever been involved in legal problems?

Yes  No

If yes, please explain including dates: \_\_\_\_\_

Have you ever been convicted of a crime?

Yes  No

If yes, please explain including dates: \_\_\_\_\_

Do you have a personal history of violence, abuse towards others, or sexual immorality?

Yes  No

If yes, please explain including dates: \_\_\_\_\_

Do you have a family history of tribalism or other forms of racial discrimination?

Yes  No

If yes, please explain including dates: \_\_\_\_\_

Is there any habitual sin in your life?

Yes  No

If yes, please explain including dates: \_\_\_\_\_

## CHRISTIAN INFLUENCES

Please list the three Christian pastors/teachers who have most influenced your life. Provide both name and ministry.

#1 Name: \_\_\_\_\_ Ministry: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Ministry: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Ministry: \_\_\_\_\_

Please list three Christian books (other than the Bible) that have most influenced your life. Provide both author and title.

#1 Title: \_\_\_\_\_ Author: \_\_\_\_\_

#2 Title: \_\_\_\_\_ Author: \_\_\_\_\_

#3 Title: \_\_\_\_\_ Author: \_\_\_\_\_

## ESSAY QUESTIONS

Please complete the questions on a *separate sheet of paper* typed.

### Personal Life

#1 Describe your: a) Personality and b) Relationships with others.

#2 List and describe your: a) Strengths, b) Weaknesses, c) Spiritual gifts, d) Talents, e) Hobbies, and f) Interests.

### Spiritual Life

#1 Please describe your salvation experience. How did you become a Christian? Include an approximate date.

#2 Please describe your current relationship with God in terms of your devotional and prayer life.

#3 Where do you attend church? How long have you been part of this fellowship?

#4 What is your current church involvement?

#5 Why do you desire to attend Calvary Chapel Bible College Uganda, and how do you see it enhancing your present spiritual life and future ministry plans?

### Statement of Faith

Please write a brief statement of your belief regarding the following ten topics:

#1 God

#6 Salvation

#2 Jesus Christ

#7 Baptism of the Holy Spirit

#3 Holy Spirit

#8 Eschatology (End Times Events)

#4 Sin

#9 The Rapture/Millennial Kingdom

#5 The Bible

#10 Eternal Security

### Mission Experience (foreign student only)

Lack of mission experience does not necessarily disqualify you from being accepted, however, because this campus is multicultural, please answer the following questions:

#1 Please list and describe your involvement in missions. Include dates.

#2 Please list and describe any cross-culture experiences you may have.

#3 What has motivated you to apply to this extension campus rather than your local campus?

## FOREIGN STUDENT INFORMATION

Please fill in this section if you are a foreign national and you do not have Ugandan Citizenship or a Certificate of Residence. The following information is necessary for Visa documentation. For more information, please contact the Administrative Office at +256 414 234127.

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Passport #: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

*Please include 4 copies of your passport's information and picture page in this application.*

### Financial Responsibility

To obtain a Student Visa from the Ministry of Foreign Affairs: Department of Immigration you may need to provide documentation for the funding of your education with a bank statement.

*Please include documentation of financial support (i.e. bank statement).*

The amount of support documented must be sufficient to cover tuition, housing and expenses for the length of the Visa (at least 6 months).

### Residency

Do you hold a Certificate of Residence (CR) to the Republic of Uganda?  Yes  No

*Please include a copy of your Certificate of Residence (CR).*

If you are here in the Republic of Uganda, what is your visa status: \_\_\_\_\_

### Spouse & Children

If married, do you plan to bring your spouse and family with you?  Yes  No

Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## ENGLISH SKILLS (foreign student only)

What is the date of your last TOEFL test?

Date: \_\_\_\_\_ Score: \_\_\_\_\_  
iB: 61 CB: 173 PB: 500

Residents of countries where English is not an official or dominant language (see below) must pass the TOEFL.

Please contact for more information:  
TOEFL Testing Service  
Website: [www.ets.org](http://www.ets.org)  
Phone: +1 609 921 9000

## EDUCATION RECORDS EVALUATION (foreign student only)

To qualify for the BBS degree:

Non-US residents will need their Transcripts evaluated by the American Association of Collegiate Registrars and Admissions Officers (AACRAO).

Please contact for more information:  
AACRAO - International Education Services  
Website: [www.AACRAO.org](http://www.AACRAO.org)  
Phone: +1 202 296 3359

Countries where English is an official or dominant language:

Antigua and Barbuda, Australia, Barbados, Belize, Botswana, Cameroon, Canada, Dominica, Fiji, Ghana, Grenada, Guyana, India, Jamaica, Kenya, Kiribati, Lesotho, Liberia, Madagascar, Malawi, Malta, Marshall Islands, Mauritius, Micronesia, Namibia, Nauru, New Zealand, Nigeria, Pakistan, Palau, Papua New Guinea, Philippines, Republic of Ireland, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Seychelles, Sierra Leone, Singapore, Solomon Islands, South Africa, Sudan, Swaziland, The Bahamas, The Gambia, Trinidad and Tobago, Uganda, United Kingdom, United States, Vanuatu, Zambia, and Zimbabwe.



# TRAVEL ITINERARY AND INFORMATION

(foreign student only)

Please fill in this section if you do not reside in Uganda or you are travelling to Calvary Chapel Bible College Uganda in Africa.

## Travel Itinerary

Schedule your arrival one (1) week before Orientation Day and your departure after the last day of class. Please provide up-to-date information so that we can transport you to and from your Entry Point (e.g. Entebbe International Airport, Train Station, Bus Terminal, etc.). Plan any extracurricular activities (e.g. white water rafting, animal safari, mission trip, etc.) outside of your academic schedule.

Departure (DD/MM/YY):   /   /        Return (DD/MM/YY):   /   /

Mode of transportation to and from Uganda.

Airline       Train       Bus       Other: \_\_\_\_\_

### Leg #1

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_ Flight # or Vehicle #: \_\_\_\_\_

Airline or Carrier: \_\_\_\_\_ Gate and/or Terminal: \_\_\_\_\_

### Leg #2

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_ Flight # or Vehicle #: \_\_\_\_\_

Airline or Carrier: \_\_\_\_\_ Gate and/or Terminal: \_\_\_\_\_

### Leg #3

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_ Flight # or Vehicle #: \_\_\_\_\_

Airline or Carrier: \_\_\_\_\_ Gate and/or Terminal: \_\_\_\_\_

### Leg #4

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_ Flight # or Vehicle #: \_\_\_\_\_

Airline or Carrier: \_\_\_\_\_ Gate and/or Terminal: \_\_\_\_\_

## Visa Information

Though Ugandan visas are issued at their Missions/Embassies abroad, we highly recommend processing a Visitor Visa at your Entry Point (e.g. Entebbe, Busia, Malaba etc.).

#1 The single entry Visitor Visa costs \$50. Please have \$50 in new unmarked bank notes.

#2 A Visitor Visa is valid for thirty (30) days during which time we will process your Student Visa from our Administrative Office.

# MEDICAL INFORMATION (FOR EMERGENCY USE ONLY)

Calvary Chapel Bible College Uganda requires that every foreign (non-Uganda resident) student have an international Health Insurance Policy through any travel or term Health Insurance Provider.

## Health Insurance Information

Company Name: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Current Health Information

Are you in good health?  Yes  No

When was your last complete physical examination: \_\_\_\_\_

List any major illnesses you have had: \_\_\_\_\_

Do you have any physical handicaps?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any communicable diseases?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you taking any prescription drugs?  Yes  No

If yes, please list what you are taking: \_\_\_\_\_

Please place a tick/check beside any known medical conditions and explain on lines provided below.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Allergy - Bee Sting     | <input type="checkbox"/> Cerebral Palsy         | <input type="checkbox"/> Hearing Loss             |
| <input type="checkbox"/> Allergy - Food          | <input type="checkbox"/> Color Blindness        | <input type="checkbox"/> Partially Sighted        |
| <input type="checkbox"/> Allergy - Medications   | <input type="checkbox"/> Diabetic               | <input type="checkbox"/> Polio                    |
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Eating Disorder        | <input type="checkbox"/> Speech Problems          |
| <input type="checkbox"/> Asthma - On Medications | <input type="checkbox"/> Epilepsy/Seizures      | <input type="checkbox"/> Heart Problems           |
| <input type="checkbox"/> Blood Disorder          | <input type="checkbox"/> Glasses/Contact Lenses | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Cancer/Leukemia         | <input type="checkbox"/> Hearing Aid User       | <input type="checkbox"/> No Known Health Problems |

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL INFORMATION

Are you currently on medication or under a physician's care for physical issues?

Yes  No

If yes, please explain: \_\_\_\_\_

**Please provide Physician's name and contact information, as well as medication(s) below:**

Physician's Name: \_\_\_\_\_

City: \_\_\_\_\_ District/State: \_\_\_\_\_ Zip (US residents only): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Have you been hospitalized or admitted to a treatment facility for any reason?

Yes  No

If yes, please explain including dates: \_\_\_\_\_

Have you been, or are presently dealing with an eating disorder?

Yes  No

If yes, please explain including dates: \_\_\_\_\_

Have you been, or you presently under psychiatric or psychological care?

Yes  No

If yes, please explain including dates: \_\_\_\_\_

Are you under a doctor's care for with mental or emotional issues?

Yes  No

Physician  Psychiatrist/Psychologist  Traditional Healer/Sorcerer (Mchawi)  Counselor

**Please provide Physician's name and contact information, as well as medication(s) below:**

Physician's Name: \_\_\_\_\_

City: \_\_\_\_\_ District/State: \_\_\_\_\_ Zip (US residents only): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Medication(s): \_\_\_\_\_

# LIABILITY WAIVER & DAMAGES RESPONSIBILITY

Calvary Chapel Bible College Uganda is a ministry of Calvary Chapel Kampala, Ltd., and is operated by the church with the desire to provide the most affordable cost to students who wish to attend the college. Toward that end, the room and board and tuition costs to the student are substantially less than the actual cost to the college. Therefore, in consideration of this discount in tuition from actual costs, the college does not and cannot afford to provide liability and medical insurance coverage for students attending it and the applicant, regardless of the fault of the college or not. By execution of this application and placing your initials below and submittal of the application, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth below.

\_\_\_\_\_ **Initial**

I understand that during my attendance at the college, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in this curricular activity. These risks include, but are not limited to personal injury (serious or otherwise), property damage and death (“Injuries and Damages”) from such curricular participation.

I assume all risks inherent and occurring, whether foreseen or unforeseen, in participating in such activity as involving Calvary Chapel Kampala, Ltd. and waive all liability against it in making the decision to be included in such curricular activity and being allowed use of the Calvary Chapel facilities (including but not limited to all rooms, open areas and parking lot, fields and otherwise) for such activity. This waiver is intended by the parties to be as broad and inclusive as permitted by law. To the fullest extent by law, I also waive, discharge claims and release for liability Calvary Chapel Kampala, Ltd., its officers, directors, employees, agents, and leaders from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by the negligence of Calvary Chapel Kampala, Ltd., its officers, directors, employees, agents, and leaders.

I further agree to hold harmless Calvary Chapel Kampala, Ltd., its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses of any kind or nature whatsoever caused by my own negligence while participating in such curricular activity. I understand and intend that this assumption of risk, waiver and release be binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me during such curricular activity.

I have been informed that I need to provide my own coverage for medical and premises liability insurance and, that if I can not insure myself, I, alone, am responsible for all costs for Injuries and Damages.

Initial below indicating you have insurance and attach a copy of the proof of insurance to this form.

\_\_\_\_\_ **Initial**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Last Name: \_\_\_\_\_ Print First Name: \_\_\_\_\_

## REFERENCE FORMS

Three (3) references are required for your application package, using the provided Reference Forms.

#1 References must be individuals who have know you well for at least one year.

#2 One reference must be your pastor or another leader in your church.

#3 Individuals who are related to you by blood or marriage should not be references.

#4 Have all three of the reference forms returned to you in signed and sealed envelopes to be included with your complete application package.

## TERMS AND CONDITIONS OF ENROLLMENT

Read the following terms and conditions of enrollment, initial each section and sign and date the bottom of the page.

### CM199 Practical Christian Ministry

I hereby understand that all students must enroll in four semesters of Practical Christian Ministry (CM199). Each student serves weekly in a practical area of service. Full-time students serve an average of 8 hours per week. For individual physical concerns contact the Administrative Office.

\_\_\_\_\_ Initial

### Financial Responsibility

I understand that my tuition is due and payable prior to enrollment. For individual concerns contact the Administrative Office.

\_\_\_\_\_ Initial

### Liability Waiver and Damages

During my attendance at the college, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth in the liability waiver required for enrollment. I will assume all risks, I further agree to hold harmless Calvary Chapel Kampala; and have been informed that I am responsible of all costs of injuries and damages.

\_\_\_\_\_ Initial

### Policies and Procedures

I have reviewed, read, understand and agree to be subject to the policies and procedures of the Student Catalog and Application. To view a copy of the Student Catalog, visit our web site [www.ccbcuganda.org](http://www.ccbcuganda.org).

\_\_\_\_\_ Initial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Calvary Chapel Bible College Uganda does not discriminate on the basis of race, gender, ethnic background, native language, nationality or physical disability. Calvary Chapel Bible College Uganda is a ministry of Calvary Chapel Kampala, Ltd., and gives admission priority to members of Calvary Chapel.



# Reference Form

## DIRECTIONS FOR THE APPLICANT

This information, as with all of the application, will be held in strict confidence. This will not necessarily disqualify you from being accepted, however, any misleading or withheld information may lead to automatic disqualification.

#1 Have all three of the reference forms returned to you in signed and sealed envelopes

#2 References must be individuals who have known you well for at least one year.

#3 One reference must be by your pastor or another leader in your church.

#4 Individuals who are related to you by blood or marriage should not be references.

The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive his right of access to the reference. By signing below, the applicant willingly waives his/her right of access to see this reference, knowing that this waiver is NOT required as a condition of admission.

Full Name: Last: \_\_\_\_\_ Middle: \_\_\_\_\_ First: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

## DIRECTIONS FOR THE REFERENCE

This information, as with all of the application, will be held in strict confidence.

#1 The above-named applicant has applied for acceptance to Calvary Chapel Bible College Uganda and has named you as a reference. Your reference contributes to the decision made by our staff regarding this applicant. Therefore, please be thorough and timely in your response.

#2 Please return this form directly to the applicant in a signed and sealed envelope.

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Address (Street & PO Box #): \_\_\_\_\_

City: \_\_\_\_\_ District/State: \_\_\_\_\_ Zip (US residents only): \_\_\_\_\_

Organization or Church to which you belong: \_\_\_\_\_

#1 How long have you known the applicant? \_\_\_\_\_

#2 In what capacity have you known the applicant? \_\_\_\_\_

#3 How long has the applicant been an active Christian? \_\_\_\_\_

#4 Describe the evidences you see in the applicant's life that demonstrate his or her commitment to follow Christ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#5 Please circle the appropriate answer on the following questions. Use the "?" if you feel your knowledge of the applicant is insufficient in that particular area.

Responsibility – Faithfully assumes and carries out duties or obligations.

?	1	2	3	4	5	6
Unknown	Not Responsible		Somewhat Responsible			Responsible

Adaptability – Adjusts to changes in circumstances or scheduling.

?	1	2	3	4	5	6
Unknown	Adapts Badly		Moderately Adaptable			Adapts Well

Cooperation/Teamwork – Relates well with others in a living or working environment.

?	1	2	3	4	5	6
Unknown	Unable to Cooperate		Reasonably Cooperative			Cooperative

Communication – Expresses thoughts, feelings and idea with others.

?	1	2	3	4	5	6
Unknown	Communicates Poorly		Average Communication			Communicates Well

Spiritual Maturity – Demonstrates holiness, consistency and progress.

?	1	2	3	4	5	6
Unknown	Immature		Progressing Spiritually			Consistent

Church Involvement – Volunteers regularly for church ministries and activities.

?	1	2	3	4	5	6
Unknown	Uninterested		Active			Dependable

Emotional Stability – Shows steady and situation appropriate affections.

?	1	2	3	4	5	6
Unknown	Frequent Outbursts		Emotionally Stable			Consistent

Personal Recommendation – Your opinion of the applicants overall preparedness.

?	1	2	3	4	5	6
Unknown	Do Not Recommend		Recommend			Highly Recommend

#6 Please state any concerns or commendations that would assist us in the selection of this applicant. \_\_\_\_\_

\_\_\_\_\_



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#2 Please return this form directly to the applicant in a signed and sealed envelope.

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Address (Street & PO Box #): \_\_\_\_\_

City: \_\_\_\_\_ District/State: \_\_\_\_\_ Zip (US residents only): \_\_\_\_\_

Organization or Church to which you belong: \_\_\_\_\_

#1 How long have you known the applicant? \_\_\_\_\_

#2 In what capacity have you known the applicant? \_\_\_\_\_

#3 How long has the applicant been an active Christian? \_\_\_\_\_

#4 Describe the evidences you see in the applicant's life that demonstrate his or her commitment to follow Christ? \_\_\_\_\_

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#5 Please circle the appropriate answer on the following questions. Use the "?" if you feel your knowledge of the applicant is insufficient in that particular area.

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?	1	2	3	4	5	6
Unknown	Not Responsible		Somewhat Responsible			Responsible

Adaptability – Adjusts to changes in circumstances or scheduling.

?	1	2	3	4	5	6
Unknown	Adapts Badly		Moderately Adaptable			Adapts Well

Cooperation/Teamwork – Relates well with others in a living or working environment.

?	1	2	3	4	5	6
Unknown	Unable to Cooperate		Reasonably Cooperative			Cooperative

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?	1	2	3	4	5	6
Unknown	Do Not Recommend		Recommend			Highly Recommend

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#2 Please return this form directly to the applicant in a signed and sealed envelope.

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Address (Street & PO Box #): \_\_\_\_\_

City: \_\_\_\_\_ District/State: \_\_\_\_\_ Zip (US residents only): \_\_\_\_\_

Organization or Church to which you belong: \_\_\_\_\_

#1 How long have you known the applicant? \_\_\_\_\_

#2 In what capacity have you known the applicant? \_\_\_\_\_

#3 How long has the applicant been an active Christian? \_\_\_\_\_

#4 Describe the evidences you see in the applicant's life that demonstrate his or her commitment to follow Christ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#5 Please circle the appropriate answer on the following questions. Use the "?" if you feel your knowledge of the applicant is insufficient in that particular area.

Responsibility – Faithfully assumes and carries out duties or obligations.

?	1	2	3	4	5	6
Unknown	Not Responsible		Somewhat Responsible			Responsible

Adaptability – Adjusts to changes in circumstances or scheduling.

?	1	2	3	4	5	6
Unknown	Adapts Badly		Moderately Adaptable			Adapts Well

Cooperation/Teamwork – Relates well with others in a living or working environment.

?	1	2	3	4	5	6
Unknown	Unable to Cooperate		Reasonably Cooperative			Cooperative

Communication – Expresses thoughts, feelings and idea with others.

?	1	2	3	4	5	6
Unknown	Communicates Poorly		Average Communication			Communicates Well

Spiritual Maturity – Demonstrates holiness, consistency and progress.

?	1	2	3	4	5	6
Unknown	Immature		Progressing Spiritually			Consistent

Church Involvement – Volunteers regularly for church ministries and activities.

?	1	2	3	4	5	6
Unknown	Uninterested		Active			Dependable

Emotional Stability – Shows steady and situation appropriate affections.

?	1	2	3	4	5	6
Unknown	Frequent Outbursts		Emotionally Stable			Consistent

Personal Recommendation – Your opinion of the applicants overall preparedness.

?	1	2	3	4	5	6
Unknown	Do Not Recommend		Recommend			Highly Recommend

#6 Please state any concerns or commendations that would assist us in the selection of this applicant. \_\_\_\_\_

\_\_\_\_\_



# SEMESTER REGISTRATION

*Study to present yourself approved to God.*



# Semester Schedule

## AUGUST 2008 SEMESTER

	4:30 - 5:00 PM (unless marked otherwise)	5:00 - 7:00 PM (unless marked otherwise)	7:00 - 9:00 PM (unless marked otherwise)
<b>MON</b>	<b>Public Devotional Speaking</b> <i>M. Nkembo</i> 4:30 - 5:00 PM Auditorium	<b>1 Timothy</b> <i>M. Nkembo</i> 5:00 - 7:00 PM Auditorium	<b>Spiritual Leadership</b> <i>Pastor C. Okongo</i> 7:00 - 9:00 PM Auditorium
<b>TUE</b>	<b>Public Devotional Speaking</b> <i>M. Nkembo</i> 4:30 - 5:00 PM Auditorium	<b>Cults and World Religions</b> <i>B. Kanyike</i> 5:00 - 7:00 PM Auditorium	<b>Luke</b> <i>N. Perkins</i> 7:00 - 9:00 PM Auditorium
<b>WED</b>	<b>Koinonia</b> <i>J. Kanyike</i> 4:30 - 5:30 PM Room 4	<b>Wednesday Night Chapel</b> <i>Various Speakers</i> 5:30 - 8:00 PM Auditorium	<b>N. T. Survey 2</b> <i>E. Kayiwa</i> 8:00 - 9:00 PM Room 4
<b>THU</b>	<b>Public Devotional Speaking</b> <i>M. Nkembo</i> 4:30 - 5:00 PM Auditorium	<b>Revelation</b> <i>Pastor J. Carlson</i> 5:00 - 8:00 PM Auditorium	<b>N. T. Survey 2</b> <i>E. Kayiwa</i> 8:00 - 9:00 PM Room 4
<b>FRI</b>	<b>Public Devotional Speaking</b> <i>M. Nkembo</i> 4:30 - 5:00 PM Auditorium	<b>Daniel</b> <i>Pastor B. Kelly</i> 5:00 - 8:00 PM Auditorium	<b>N. T. Survey 2</b> <i>E. Kayiwa</i> 8:00 - 9:00 PM Room 4
<b>SAT</b>	<b>Women of the Bible</b> <i>J. Kanyike &amp; N. Carlson</i> 2:00 - 4:00 PM Room 4	<b>Spiritual Conflict</b> <i>Pastor J. Carlson</i> 5:00 - 7:00 PM Auditorium	

### Dates

Orientation: Sunday, August 24, '08 at 3:00 PM

Midterm Examinations: October 13 - 17, '08

Midterm Break: October 20 - 24, '08

Final Examinations: December 15 - 19, '08

Closing Day: Friday, December 19, '08

### Notes

Shaded boxes are required courses.

P. C. M. is assigned around calss schedule.

Schedule is subject to change.

Last updated on May 22, '08



# Course Enrollment

## AUGUST 2008 SEMESTER

Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Please tick the box next to the course(s) you will be taking.

	Number	Title	Credit	Instructor
<input type="checkbox"/>	CL107	Koinonia *	0.5	J. Kanyike
<input type="checkbox"/>	CL111	Chapel *	0.5	J. Kanyike
<input type="checkbox"/>	CL341	Women of the Bible □	2	J. Kanyike & N. Carlson
<input type="checkbox"/>	CM199	Practical Christian Ministry *	1	B. Kanyike
<input type="checkbox"/>	LA100	Public Devotional Speaking *	1	B. Kanyike
<input type="checkbox"/>	LA353	New Testament Greek 2	2	Pastor J. Carlson
<input type="checkbox"/>	NT302	New Testament Survey 2 (Rom – Rev) *	3	Pastor C. Smith (MP3)
<input type="checkbox"/>	NT355	Luke	2	N. Perkins
<input type="checkbox"/>	NT365	1 Timothy	2	M. Nkembo
<input type="checkbox"/>	NT377	Revelation *	3	Pastor J. Carlson
<input type="checkbox"/>	OT336	Daniel *	3	Pastor B. Kelly
<input type="checkbox"/>	TH387	Cults and World Religions *	2	B. Kanyike
<input type="checkbox"/>	CL319	Spiritual Conflict	2	Pastor J. Carlson
<input type="checkbox"/>	CM351	Spiritual Leadership	2	Pastor C. Okongo

\* Course is required for graduation.

□ Course is for women only.



# Textbook Registration

## AUGUST 2008 SEMESTER

Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Please tick the box next to the book(s) you will be requiring.

Course	Text	Price
<input type="checkbox"/> N/A	Nelson's NKJV Study Bible *	\$31.99
<input type="checkbox"/> Women of the Bible □	Twelve Extraordinary Women	\$15.99
<input type="checkbox"/> Practical Christian Ministry	Handbook for Servants	\$7.99
<input type="checkbox"/> New Testament Greek 2	Essentials of New Testament Greek	\$19.99
<input type="checkbox"/> New Testament Survey 2 (Rom–Rev)	Through the Bible (MP3) *	\$19.99
<input type="checkbox"/> Luke	Be Compassionate (1-13)	\$8.99
	Be Courageous (14-24)	\$8.99
<input type="checkbox"/> 1 Timothy	The Message of 1 Timothy & Titus	\$11.99
<input type="checkbox"/> Revelation	The Revelation of Jesus Christ	\$11.99
<input type="checkbox"/> Daniel	Daniel: The Key to Prophetic Revelation	\$11.99
<input type="checkbox"/> Cults and World Religions	The Compact Guide to World Religions	\$9.99
<input type="checkbox"/> Spiritual Conflict	Spiritual Warfare	\$5.99
<input type="checkbox"/> Spiritual Leadership	On Being A Pastor Paper	\$12.99

\* Book is required for new students.



## Tuition + Fees

Calvary Chapel Bible College Uganda maintains affordable tuition and fees. We do not participate in government supported financial aid programs or guaranteed student loans. The full responsibility for fees rests upon the individual student, so we encourage students to seek private sponsorship. All fees are calculated in United States dollars per semester.

Prior to the day of Orientation students are eligible for a full refund of tuition and refundable fees. Afterwards refunds are calculated according the following schedule.

Number of weeks attended	Percentage to be refunded	Percentage to be charged
up to 2	80%	20%
up to 3	70%	30%
up to 4	60%	40%
up to 5	50%	50%

There is no refund given after the sixth week. Students are liable for the entire tuition and fees if they leave during this time.

### FULL TIME STUDENTS (15 CREDITS OR MORE)

#### Boarding Students

Room & Board Deposit (includes UGX 250,000 non-refundable Administration Fee which includes books and fees)	\$2,640
Balance of Room & Board and Tuition (due no later than 2 weeks prior to arrival)	\$1,250
Total (per semester)	\$3,890

#### Non Boarding Students

We currently do not offer non boarding option for foreign students.