Channels of Christ Expositors Seminary
P.O Box 5557-80200 - Malindi, Kenya.
Email: info@cceseminary.org , admissions@cceseminary.org
Tel: +254 795 076 027/ +254 736 076 027

Official Application Form

PERSONAL INFORMATION

Full Name (as per official documents): _____
Preferred Name (if different): _____
Gender: □ Male □ Female
Date of Birth (MM/DD/YYYY): _____
Nationality/Country of Origin: _____
Phone Number: _____
Email Address: _____
Permanent Address: _____
Current Address (if different): _____

PERSONAL AND FAMILY HISTORY

Name and address of someone (other than spouse) who will always know where you are _____ Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Remarried

Spouse's Name and Age _____

Name	Age	Gender

Father's Name and Address _____
Mother's Name and Address _____

PERSONAL CHRISTIAN EXPERIENCE

Present Church Membership _____
Name _____
Location _____
Denominational affiliation _____
Name and address of pastor _____
Ministerial Status: ☐ Licensed ☐ Ordained ☐ Ordaining Body None ☐ _____
Are you committed to the vocational Christian ministry? _____
What type of ministry would you like to perform? _____

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Propose Date of Enrolment and Year

□ January Intake _____ □May/June Intake. (Certificate only)._____ □ September/October Intake

Program Selection

Please select the program level you are applying for:

Program Level:

- □ Certificate
- □ Diploma
- □ Bachelor
- □ Master's

Concentration Selection

(*Please select the concentration, if applicable, for your chosen program.)*

Certificate Programs (Please select one concentration, if applicable):

- □ Biblical Church Leadership and Governance
- □ Biblical Counseling
- □ Pastoral Ministry and Expository Preaching
- □ Theological Studies
- □ Youth Ministry Transformation
- □ Other (Please specify): _____

Diploma Programs (Please select one concentration, if applicable):

- □ Biblical Church Leadership and Governance
- □ Biblical Counseling
- □ Pastoral Ministry and Expository Preaching
- □ Theological Studies
- □ Youth Ministry Transformation
- □ Other (Please specify): _____

Bachelor Programs (Please select one concentration, if applicable):

- □ Biblical Church Leadership & Governance
- □ Biblical Counseling
- □ Pastoral Ministry & Expository Preaching
- □ Theology Studies
- □ Youth Ministry Transformation
- □ Other (Please specify): _____

Master's Programs (Please select one concentration, if applicable):

- □ Master of Divinity (M.Div.)
- □ Master of Theological Studies (MTS)
- □ Master of Christian Ministry
- □ Master of Pastoral Counseling
- □ Other (Please specify): _____

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Educational Background

Highest Level of Education Completed:

- □ High School
- □ Bachelor's Degree
- □ Master's Degree
- □ Other (Please specify): _____

Name of Last School/Institution Attended: _____
Degree/Diploma Earned: _____
Graduation Date (Month/Year): _____
GPA (if applicable): _____

Church and Ministry Experience

Current Church Affiliation (Church Name & Denomination): _____
Ministry/Church Roles or Experience (If any):

_____
_____
_____

Do you have any ministry training or leadership experience?

□ Yes □ No

If yes, please describe briefly: _____

_____
_____
_____

What is your English Proficiency?

(Tick appropriately)

□ Beginner (I can understand and use familiar everyday expressions and very basic phrases.)
□ Intermediate (I can understand the main points of clear standard input on familiar topics.)
□ Advanced (I can express myself fluently and spontaneously with minimal effort in searching for expressions.)
□ Native Speaker (I have near-native proficiency in English.)

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Personal Statement

Please provide a brief personal statement (250-500 words) explaining why you want to pursue theological education at Channels of Christ Expositors Seminary, how your faith journey has shaped your desire to serve in ministry, and how you envision using your education for God's Kingdom.
Attach a separate document if needed.

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References

Please provide contact information for two references (one spiritual leader and one academic or professional mentor):

Reference 1 (Pastor or Ministry Leader)

Name: _____
Position/Title: _____
Church/Organization: _____
Phone Number: _____
Email Address: _____

Reference 2 (Pastor or Ministry Leader)

Name: _____
Position/Title: _____
Church/Organization: _____
Phone Number: _____
Email Address: _____

Application Checklist

Please ensure the following documents are submitted with your application:

□ Completed Application Form
□ Official Academic Transcripts (if applicable)
□ Personal Statement (as described above)
□ Two Letters of Recommendation (as described above)
□ Application Fee (if applicable)
□ Copy of Identification (Passport, Driver's License, etc.)

Declaration and Signature

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information may result in the rejection of my application. I also acknowledge that I have read and understood the eligibility requirements and admission process of Channels of Christ Expositors Seminary.

NAME _____ **SIGN** _____

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PLEDGE

In making application to become a student of Channels of Christ Expository Seminary, I hereby pledge myself to abide by the regulations of the faculty and administration and to cooperate in creating and maintaining a spirit of Christian fellowship throughout my student days.

NAME _____ **SIGN** _____

Disclaimer

By completing and submitting this application form to Channels of Christ Expositors Seminary, you acknowledge that the information provided is accurate and true to the best of your knowledge. The seminary reserves the right to verify the details and may take appropriate action if any information provided is found to be misleading or false.

Please note that submission of this application form does not guarantee admission into the seminary. Admission decisions are subject to the review and approval process, and applicants will be notified in due course. Channels of Christ Expositors Seminary is committed to providing a fair and transparent selection process, in accordance with the institution's academic standards and policies.

The seminary also reserves the right to change or update its application requirements, program offerings, and fees without prior notice. It is the applicant's responsibility to stay informed of any such changes and to ensure that all documentation and requirements are met within the designated deadlines.

By submitting your application, you agree to adhere to the rules, regulations, doctrine and policies of the seminary if accepted into the program.

NAME _____ **SIGN** _____

Application Submission

Please submit the completed application form along with all required documents to:

- Admissions Office: Channels of Christ Expositors Seminary
- Email Address: admissions@cceseminary.org
- Postal Address: 5557-80200 – Malindi – Kenya
- Tel: +254 795 076 027/ +254 736 076 027
- Website: https://cceseminary.org

For questions, please contact our Admissions Team: **admissions@cceseminary.org** or **registry@cceseminary.org**