



## CIBS STUDENT APPLICATION FORM

Never send your  
application  
without picture!

(Photograph)

**ACADEMIC YEAR: 20.../20...**

**FIELD OF STUDY:**.....

**STUDY SPAN**  3 Years  2 Years  1 Year  6 months  Others

*Read carefully. This application should be completed in BLACK and BLOCK letters.*

1. Attach current photo (2x) showing head and shoulders only.
2. Enclose **CHF.50** non-refundable registration fee. Application will not be processed until registration fee is paid.
3. Answer ALL questions. Write **NA** where question does not apply to you. Remember to sign at the end!

### STUDENTS PERSONAL DATA

Family name: .....  
 First name (s): .....  
 Date of birth: .....  
 Sex: ...M/F... Nationality: .....  
 Tel. no (incl. country code nr.): .....  
 Mobile phone: .....  
 Email: .....  
 Address: .....  
 .....  
 PLZ/ City : .....  
 Expectation from course.....  
 .....  
 How do you hear about CIBS? .....

Type of permit: .....  
 Marital status: .....  
 Name of spouse /fiance(e).....  
 .....  
 Children:.....  
 .....  
 Reference1: Name.....  
 Address: .....  
 .....  
 Reference2: Name.....  
 Address: .....  
 .....

INSTITUTIONS ATTENDED	Country	Period of study		Duration of stay (months)	Degree obtained
		From	To		
1.....	.....	.....	.....	.....	.....
2.....	.....	.....	.....	.....	.....
3.....	.....	.....	.....	.....	.....

ADDITIONAL STUDY	TENURE
1.....	.....
2.....	.....
3.....	.....

Work experience / position	Firm /organization	Dates	Country
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

LANGUAGE	Sufficient knowledge to follow lectures		I need some extra preparation		
	Mother Tongue: .....	YES	NO	YES	NO
Other languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHURCH INFORMATION**

Name of Church: ..... **Active** (yes) / (No) ...  
Name and address Pastor: .....  
Your leadership position ..... **Available area of practical** .....  
.....

**STRENGTH AND WEAKNESS**

State area of strength: .....  
.....  
State area of weakness: .....  
.....  
Vision / Dream .....  
.....

**STATEMENT OF FAITH**

Are you born again? ..... **Since when?** ..... **Where?** .....  
Do you believe the Bible as the inspired word of God and the only infallible guide /doctrine? **YES / NO**  
Do you believe in the Holy Trinity —God manifested in three persons? **YES / NO**  
Do you believe Jesus Christ is the Messiah and that Holy Spirit is resident God on earth? **YES / NO**  
Are you licensed? Ordained? If so, with what denomination/organization and since when? .....  
.....

**MISCELANEOUS**

What are the very serious sickness / illness you are susceptible to: .....  
Do you have any contagious disease? If yes, name it.....  
Do you grant CIBS the right to rush you to hospital in situation of emergency/ sickness? **YES.. /NO.**  
How do you rate your general health? Excellent (EE) Good G) Fair F) Poor P) Explain.....  
Please designate with E,G,F or P the condition of your: Eyes ..... Ears .... Heart .....Lungs .....  
Do you have any limitations or disabilities that would require special facilities? .....  
Do you have any drug allergies? If so, name drugs: .....  
Have you ever been a patient (committed or voluntary) in a mental hospital?.....  
Are you addicted to tobacco, alcohol, or any other drug? State: .....  
Name of relative to be informed in case of emergency..... **Tel.**.....

**FINANCIAL OBLIGATION**

**Will you have the finances for your school on arrival?**       Yes       No  
(Total fees are payable on arrival unless other arrangements are made with the school leader.)  
**How do you intend to pay your tuition? (Give breakdown)** .....  
**Personal saving /employment:** ..... **Spouse employment**..... **Savings**.....  
**Grant**..... **Sponsorship:** ..... **Parents (Amount )** .....  
**others (please specify)** .....

**DECLARATION/ ATTACHMENT**

I commit myself to paying all expenses incurred during my involvement with Christ Int. Bible School.  
I have completed all portions of the application for CIBS (including the reference section), and if  
accepted by CIBS, I will abide by the spirit, policy and schedule of the school program.  
Enclosed are: .....  
.....  
The attached transcripts/ records/ data include full details of previous and current study.  
Details not known at the time of application will be provided at a later stage.  
**Student's Signature**..... **Place**..... **Date:**.....