

CODRINGTON COLLEGE

APPLICATION FORM

DIPLOMA IN THEOLOGICAL STUDIES

Name: _____

Date of Birth: _____ Marital Status: _____

Address: _____

Telephone Number(s): _____

Email Address(es) _____

Qualifications: _____

O' Level/CXC _____

A Level/CAPE _____

Degree _____

Occupation: _____

Church You Attend: _____

Are You Being Sponsored by
Your Church? Yes No

Name of Minister: _____

Position(s) You Hold: _____

Ministry You Perform in Church: _____

Name of One Referee: _____

Address of Referee: _____

Signature: _____ Date: _____

Complete this form and either mail it to **The Administrative Officer, Codrington College, St. John BB20007, Barbados**; or send by fax to **+ 246 423 1592**; or submit it by email to: shirley.mascoll@codrington.org.