



ONE WAY INTERNATIONAL THEOLOGICAL SEMINARY

CHRISTIAN GRADUATE EDUCATIONAL STUDIES

4 & 6 NEWARK AVENUE, KINGSTON 11, JAMAICA W.I.

TEL: 876-758-1316 / 876-559-3967

E-MAIL: ONEWAYILTHEOLOGICALCOLLEGE@GMAIL.COM

**APPLICATION FOR ADMISSIONS TO
CHRISTIAN GRADUATE PROGRAMMES**

INSTRUCTIONS

1. Application Form should be completed in BLOCK LETTERS.
2. Return completed Application Form to the Administrative Officer, One Way International Theological Seminary, 4 & 6 Newark Avenue, Kingston 11, Jamaica.

FOR OFFICIAL USE ONLY			
APPLICATION REF. NO.	STUDENT ID NO.		
<input type="text"/>	<input type="text"/>		
RECEIPT NUMBER _____	DATE RECEIVED _____		

RETURN COMPLETED APPLICATION FORM TO THE OFFICE OF ADMISSIONS

1. PLEASE STATE THE PROGRAMME FOR WHICH YOU ARE APPLYING:
 - (a) Please state full title as given in the Prospectus (Degree & area of study):
.....
 - (b) FACULTY:
.....
2. ACADEMIC YEAR
3. SURNAME/MAIDEN NAME
4. FIRST & MIDDLE NAMES.....
5. TITLE (Mr/Mrs/Miss/Ms/Dr).....
6. DATE OF BIRTH (day/month/year).....
7. GENDER Male Female
8. ADDRESS FOR CORRESPONDENCE
PLEASE NOTE: THIS IS THE ADDRESS TO WHICH THE SEMINARY WILL SEND ALL CORRESPONDENCE.
.....
.....
..... POSTCODE.....
- FROM (day/month/year)..... TO.....
- TELEPHONE NO Daytime/Work..... Evening/Home.....
- CELL NO..... FAX NO.....
- E-MAIL ADDRESS.....

9. PERMANENT HOME ADDRESS (if different from address given above)

.....

 POSTCODE.....

TELEPHONE NO. Daytime/Work..... Evening/Home.....

FAX NO.....

E-MAIL ADDRESS.....

11. NATIONALITY.....

12. COUNTRY OF BIRTH.....

13. NEXT OF KIN.....

(a) ADDRESS

(b) RELATIONSHIP

.....

.....

.....

(c) TELEPHONE

.....

.....

14. ACADEMIC HISTORY

Higher education institutions attended and qualifications obtained (you must apply full dates).

Institution	Dates of attendance	Qualifications awarded and Class of Honours (if any) GPA if applicable or prediction of award	Area of specialization

Other information relevant to your academic history:

ENGLISH LANGUAGE QUALIFICATION(S)

Please specify your formal English language qualification(s) by ticking the relevant box with results obtained and the date(s) you took the test or will be taking the test.

SCORE

DATE OBTAINED

CXC/CSEC

O'Level or GCSE

CAPE Communication

Other (please specify):

15. EMPLOYMENT HISTORY

Please give details of employment and or professional experience (current first). Continue on a separate sheet if necessary.

Date(s)		Nature of work and position held	Name, address and contact no. of employer
From	To		

16. SOURCE OF FUNDING (Please tick the appropriate category)

- Government (specify): _____
- Donor (specify): _____
- Loan
- Award
- Self

17. ANY DISABILITIES

If you have special needs owing to a disability or specific learning difficulty please give details.

.....

18. REFERENCES

Please provide the names of the two (2) persons who are completing the Referee's Report forms, one of whom should preferably be from the last tertiary institution or last place of employment.

REFEREE 1

REFEREE 2

Name.....	Name.....
Position	Position
Address	Address
.....
Telephone No	Telephone No.....
Fax No	Fax No.....
E-mail address.....	E-mail address.....

19. PLEASE CHECK THAT YOUR APPLICATION IS COMPLETE AND THAT YOU HAVE ENCLOSED ALL THE RELEVANT DOCUMENTS.

- Certified copy of birth certificate
- Recommendation for Admissions to be completed and signed by referees
- Certified copies of certificates/degrees
- Official Transcript of studies (To be sent from tertiary institution)
- TRN card for number to be noted.
- Two certified passport sized pictures. (Signed by a Justice of the Peace OR Notary Public)
- Outline of proposed research (for research courses)
- Statement of purpose – (800-1000 words)
- Autobiography (for Doctoral candidates)
- Comprehensive Resume (for Doctoral candidates)

20. DECLARATION

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT

Signature.....

Date.....

Format: DD/MM/YYYY

FOR OFFICIAL USE ONLY

ACCEPT-UNCONDITIONAL

ACCEPT-CONDITIONAL

CONDITIONS.....

.....

.....

REJECT REASON(S):

.....

ACADEMIC DEAN

_____/_____
PRINT NAME / SIGNATURE

DATE (DD/MM/YY)

FACULTY DEAN

_____/_____
PRINT NAME / SIGNATURE

DATE (DD/MM/YY)

REGISTRAR

_____/_____
PRINT NAME / SIGNATURE

DATE (DD/MM/YY)



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REFEREE'S REPORT ADMISSION

Instructions to the applicant: Please provide two (2) referee reports. Your report must be from someone who can speak to your educational background or work experience.

Referee reports must be submitted to the office in envelopes signed and sealed by the referee. Your application will not be considered without these reports.

SECTION A – To be completed by Applicant

Name: _____
(BLOCK LETTERS)

Faculty: _____

Proposed Graduate Programme: _____

SECTION B – To be completed by Referee

INSTRUCTIONS TO REFEREES

1. If necessary, you may make additional comments on a separate sheet of paper which should be attached to this form.
2. Please submit your report under confidential cover. Your report may prevent a consideration of the candidate's application if it is not submitted or is submitted late.

Name of referee: _____
(BLOCK LETTERS)

Address: _____

Institution/ Company: _____

Position: _____

Qualifications: _____

State how long you have known the applicant, and in what capacity (i.e., Academic Supervisor, Instructor, Employer, etc.)?

Please give an academic assessment of the applicant and particularly, his/her ability to undertake the choice of study by placing a tick (✓) in the appropriate column:

	Outstanding	Above Average	Average	Below Average	Unable to Judge
Oral communication					
Written communication					
Potential/ability to pursue graduate studies					
Intelligence					
Initiative/Resourcefulness					
Emotional maturity					
Commitment to tasks undertaken					
Overall rating					

I would recommend this applicant for study at *One Way International Theological Seminary* Yes No

We welcome any **additional** comments that may be relevant, and which could assist us in our evaluation of the applicant's potential for studies:

Signature of referee: _____ **Date:** _____