



## Application for Admission

2 PHOTOS

**APPLICANT: Please write clearly in the spaces indicated.**

### I – PERSONAL INFORMATION

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

MARITAL STATUS:  Single  Married  Divorced  Widowed

DATE OF BIRTH: \_\_\_\_\_ (DD/MM/YYYY) SEX: MALE  FEMALE

TAXPAYER REGISTRATION NUMBER (TRN): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (876) \_\_\_\_\_ EMAIL: \_\_\_\_\_

### II – PROGRAMME DATA

**Instruction:** Please provide a tick (✓) in areas where checkboxes (☐) are provided.

I plan to begin in \_\_\_\_\_ (Date)

Financial arrangements:  Self funded  Loan  Sponsorship (If sponsorship/ loan please state funding organization or name of sponsor)

\_\_\_\_\_

#### Applying for:

- |   |   |
|---|---|
| <input type="checkbox"/> Certificate in Christian Ministry                              | <input type="checkbox"/> Diploma in Early Childhood Education       |
| _____   | <input type="checkbox"/> Diploma in Christian Ministry              |
| <input type="checkbox"/> Associate of Arts Degree in Christian Education & Discipleship | _____   |
| <input type="checkbox"/> Associate of Arts Degree in Theology & Ethical Studies         | <input type="checkbox"/> Bachelor's Degree in Christian Counselling |
| _____   | <input type="checkbox"/> Bachelor's Degree in Christian Leadership  |
|   | _____   |

**III – CHRISTIAN BACKGROUND**

Are you a member of an Assembly?     YES     NO     If yes, please state name of church attending

\_\_\_\_\_

Do you hold any ecclesiastical office?     YES     NO     If yes, please state role

\_\_\_\_\_

Have you ever attended a Bible school?     YES     NO     Please state course/ programme:

\_\_\_\_\_

What level of certification did you receive at the Bible school attended? Please state

\_\_\_\_\_

Other training and development (Please specify) \_\_\_\_\_

**IV- EDUCATIONAL BACKGROUND**

Do you currently hold any of these levels of qualifications listed below?     Yes     No    Please tick (✓) the one (s) that apply

Certificate     Diploma     Associate Degree     Bachelor's Degree     Master's Degree     PhD

Kindly state the Institution where qualification was obtained \_\_\_\_\_

If more than one, please continue in this line \_\_\_\_\_

How long was your programme of study? \_\_\_\_\_

If more than one, continue in this line \_\_\_\_\_ (See additional overleaf in additional forms section if more space is required).

What year did you obtain qualification for your study(ies)? \_\_\_\_\_ If other; continue in this line

\_\_\_\_\_

Would you be able to provide a transcript?     Yes     No

**PLEASE READ AND SIGN:**

I am requesting admission into the *One Way International Theological Seminary*, I voluntarily agree, that if I am admitted as a student I will uphold the ideals, standard and regulations set forth by the College and to respect the principles and traditions it upholds as a Christian Institution of higher learning.

I also declare that the information submitted on this application form is accurate to the best of my knowledge and that I am willing to submit any information requested to verify the information that I have submitted.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## V – OTHER INFORMATION

### EMERGENCY CONTACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

**MEDICAL HISTORY:** (Please note that this information will be treated with the strictest confidence)

Do you suffer from any of the following major illnesses?

- ADHD
- Arthritis
- Asthma
- Diabetes
- High Blood Pressure
- Lupus
- Ulcer
- Other, please state: \_\_\_\_\_

Do you have any disabilities or special learning needs?  Yes  No

**NOTICE:** Any omission of information could delay your acceptance. All application materials must be sent directly to the Registrar's Department.

### CANCELLATION OF APPLICATION AND REFUND POLICY:

All application fees will be refunded if the student requests a cancellation of enrollment before the completion of processing of the application. Completion means that all requisite documents, including transcripts etc., are submitted and processed by the **One Way International Theological Seminary**.

The applicant is therefore urged to make any cancellation requests within seven (7) working days after submission of the application and all processing documents.

**FOR OFFICIAL USE ONLY**

**DOCUMENTS SUBMITTED (√)**

- BIRTH CERTIFICATE
- TRN
- GOVERNMENT ISSUED IDENTIFICATION
- TWO (2) PHOTOGRAPHS
- TRANSCRIPT/CERTIFICATE(S)
- REFEREE FORMS (2)
- STATEMENT OF PURPOSE

**REGISTRATION (√)**

- APPROVED  DENIED

Dean of Academics

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Registrar

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROGRAMME: \_\_\_\_\_

PREREQUISITES (if any) \_\_\_\_\_

EXEMPTIONS (if any) \_\_\_\_\_

STUDENT ID # \_\_\_\_\_

Application submission date: \_\_\_\_\_

Receipt number: \_\_\_\_\_

*Detach and return to the applicant stamped or signed with receipt of payment.*



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**One Way International Theological Seminary**  
*Advancing Knowledge, Transforming Lives*

**Submission /Receipt**

**REFUND ONLY**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Submission: \_\_\_\_\_ Stamped/ Signed by: \_\_\_\_\_

**NOTE: If seeking a refund please check (√) the refund box, sign and return this section to the office.**