

## **AFRICA CENTER FOR THEOLOGICAL STUDIES**

## APPLICATION FOR ADMISSION

Instructions	
This Application must be accompanied by a non-refundable fee of N5000 or \$50 (for foreigners) before it can be processed. Please send your completed application to:  The Registrar  Africa Centre for Theological Studies  P.M B. 40005, Ikoyi  Lagos, Nigeria	Please attach a recent 2X2 inch passport photograph of yourself, showing full face, head, ears and shoulders
or	
40 Town Planning Way Ilupeju, Lagos Nigeria	
2. Please print clearly or type.	
Applicant's Data	
PERSONAL INFORMATION	
Title: □Mr.□Mrs.□Miss.□Others	
Name:	Last
Date of Birth Nationality National I	D/ Passport
Address:PMB/P.O.Box # Street	
City/ Town Country	

Telephone: Home \_\_\_\_\_\_ Office: \_\_\_\_\_

Skype\_\_\_\_\_ E-mail address\_\_\_\_\_ Other \_\_\_\_

PROGRAM OF INTEREST (please choose one)		
☐Masters of Art in Biblical & Theological Studies (MABTS)	Full-time	Part-time
☐Masters of Art in Christian Ministry & Leadership (MACML)	Full-time	Part-time
☐Masters in Divinity (M.Div.)		
□Pastoral Ministries	Full-time	Part-time
□Intercultural Studies	Full-time	Part-time
☐Christian Education	Full-time	Part-time
☐Biblical Counselling	Full-time	Part-time
□Postgraduate Diploma in Christian Ministry Leadership	Full-time	Part-time
☐Institute of Biblical Studies (Postgraduate Certificate)	Full-time	Part-time
MARRIAGE & FAMILY		
Marital Status: ☐ Single ☐ Engaged ☐ Married	□Other	
If engaged when do you anticipate being married DD/MM/YY		
Marital information: ☐ Married in a church ☐ Non-church marriage affirmed		
Does your spouse fully support your plans to come ACT	S? □ Yes	□No
Is your spouse applying for a degree at ACTS? $\ \square$ Yes	□No	
Number of Children: (please list their names bel	low)	
HEALTH		
How is your health? Excellent Good Fair F	Poor	
Indicate any of the following conditions which you have had or p	resently have:	
<ul> <li>□Tuberculosis</li> <li>□Speech Problems</li> <li>□Abnormal Blood Pressure</li> <li>□Paralysis</li> <li>□Fainting Spells</li> <li>□ Vision Problems</li> <li>□ Disability (Describe below)</li> </ul>	<ul><li>☐ Hearing Prob</li><li>☐ Heart proble</li><li>☐ Epilepsy</li><li>☐ Other Health</li></ul>	

## **EDUCATIONAL BACKGROUND**

## Secondary School

School Name:	
School AddressPMB/PO Box	City/Town
State (ZIP Code if applicable))	Country
Entrance Date:MM/YY	Completion Date:
Area of Study	Final Grade/Division
ege Education (Bible College, Teacher Train	ing, Technical School, etc)
School Name:	
School AddressPMB/PO Box	City/Town
	·
State (ZIP Code if applicable))	Country
Entrance Date:MM/YY MM/YY	Completion Date:
Number of terms completed:	Final Score/GPA
Field of Study:	
Completion Award: □Diploma	□Certificate □Degree □License
versity Education	
Name of University	
Address:	
PMB/P.O. Box.	City/Town
State (with ZIP Code if applicable	le) Country
Entrance Date:MM/YY	Completion Date:
Number of terms completed:	Final Score/GPA

	Completion Award:	□Diploma	□Certificate	□Degree	□License
	cripts/Academic Reco				
	It is the responsibility of				
					ibmitted by the applica Id university you attend
	d an official transcrip		quoot ouon oone	oi, conogo, ai	ia amvorony you accome
The Re	agietrar				
	Centre for Theological S	Studies			
	40005, Ikoyi	o ta a i o o			
	Nigeria				
or					
The Re	egistrar				
40 Tow	vn Planning Way				
	, Lagos				
Nigeria	l				
NOTE:	eed to either provide	sufficient evide	nce to the school	ol that you car	n was not in English, y n study in English, or ta
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	Employed from	DD/MM/YY	to	DD/MM/YY			
3	Employer:						
	Type of work:						
	Title/position: Location:						
	Employed from	DD/MM/YY	to	DD/MM/YY			
CH	IURCH AFFILIATION:						
Na	me and address of cur	rent church:					
— Pa	stor's name:						
Н	ow long have you been	attending this c	hurch? _				
		_					
	hat has been your involve						
RE	FERENCES						
inc	clude relatives. The refe	erees should be p	proficien	ons to whom you will give referee forms. Do not t in English and be:(1) Your Pastor; (2) Your hers; (4) One person who knows you well.			
1.	Name			Address:			
				Position:			
2.	Name			Address:			
	Relationship:			Position:			
3.	Name			Address:			

	Relationship:		Po	sition:			
4.	Name		Ad	Address:			
	Relationship:		Po	sition:			
FINAN	CIAL STATUS						
How do you plan to meet your financial needs while attending ACTS?							
Who is your financial sponsor (if any)?							
NOTE: Please know that your inability to pay ACTS fees may render you illegible to register for ACTS courses and for graduation.							
CLOSI	NG MATTERS						
How die	How did you become acquainted with Africa Centre for Theological Studies?						
	☐ Brochure	□Advertisement	□Pastor	☐ Visit	☐ Website		
	☐ ACTS Staff	(Name)					
	□ACTS Student (Name)						
	☐ ACTS Graduate (Name)						
□Other (Specify)							
To the best of my knowledge, all information on this form is correct.							
Signatu	ıre:		Date	:			