



2 PHOTOS

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

I – PERSONAL INFORMATION

SURNAME: _____ **FIRST NAME:** _____ **MIDDLE NAME:** _____

MARITAL STATUS: Single Married Divorced

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 Loans Sponsorship (If sponsorship/ loan please state funding organization or name of sponsor, _____)

- Applying for:**
- | | |
|--|--|
| <input type="checkbox"/> Doctoral Degree in Christian Leadership and Management | <input type="checkbox"/> Associate of Arts Degree in Ministry (Biblical Studies) |
| <input type="checkbox"/> Doctoral Degree in Christian Psychology and Counselling | <input type="checkbox"/> Diploma in Early Childhood Education |
| <input type="checkbox"/> Master's Degree in Christian Psychology and Counselling | <input type="checkbox"/> Diploma in Ministry and Theology |
| <input type="checkbox"/> Master's Degree in Christian Leadership and Management | <input type="checkbox"/> Certificate in Discipleship |
| <input type="checkbox"/> Bachelor's Degree in Christian Counselling | <input type="checkbox"/> Certificate in Christian Ministry |
| <input type="checkbox"/> Bachelor's Degree in Biblical Studies and Leadership | |
- Other, (training and development) please specify _____

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

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? Please state, _____ 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 Church 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 to applicant: _____

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
- IDENTIFICATION
- PHOTOGRAPHS
- TRANSCRIPT/ CERTIFICATE (S)
- REFEREE FORMS
- STATEMENT OF PURPOSE

Application submission date: _____

Receipt number: _____

REGISTRATION (√)

- APPROVED DENIED

Dean of Admissions

SIGN: _____ DATE: _____

Registrar

SIGN: _____ DATE: _____

PROGRAMME: _____

PREREQUISITES (if any) _____

EXEMPTIONS (if any) _____

STUDENT ID # _____

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.