



PENTECOST UNIVERSITY
SCHOOL OF THEOLOGY, MISSION AND LEADERSHIP

*Affix with glue
 one of the two
 photographs
 here and clip the
 endorsed on the
 form*

Form No:.....

STUDENT INFORMATION			
PROGRAMME APPLIED FOR		<input type="checkbox"/> Certificate in Theology and Church Administration (CTCA) <input type="checkbox"/> Certificate in Leadership and Counselling (CLC) <input type="checkbox"/> Certificate in Counselling and Family Therapy (CCFT) <input type="checkbox"/> Marriage Counselling Training Programme (MCTP) <input type="checkbox"/> Elders Training Course (ETC) <input type="checkbox"/> Ministers Wives Training Course (MWTC) <input type="checkbox"/> Advanced Ministers Course (AMC) <input type="checkbox"/> Higher Certificate in Theology & Church Administration (HCTCA)	
		VENUE Sowutuom (Main Campus) <input type="checkbox"/> STML (PCC Campus) <input type="checkbox"/> Online <input type="checkbox"/> Other..... <input type="checkbox"/>	
NAME (in Capitals)	SURNAME	TITLE: MR. MRS. MS. DR. REV	
FIRST NAME	OTHER NAME(S)		
*Names must correspond exactly with those used for all examinations taken. Provide legal proof of any change in name			
DATE OF BIRTH	<input type="text"/>	PLACE OF BIRTH	Gender M <input type="checkbox"/> F <input type="checkbox"/>
	D D M M Y Y		
NATIONALITY	<input type="text"/>	HOME TOWN	<input type="text"/>
REGION OF HOME TOWN	<input type="text"/>	RELIGION	<input type="text"/>
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		
ADDRESS TO WHICH COMMUNICATIONS IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT			
<input type="text"/>			
TELEPHONE NO.	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>
PERMANENT HOME ADDRESS (IF DIFFERENT FROM ABOVE)			
<input type="text"/>			
<input type="text"/>	TELEPHONE NO. <input type="text"/>		
NAME OF PARENT/GUARDIAN/SPONSOR			
OCCUPATION OF PARENT/GUARDIAN/SPONSOR		TEL.NO	<input type="text"/>

ARE YOU PHYSICALLY CHALLENGED? YES NO

IF YES, PLEASE SPECIFY

ARE YOU CURRENTLY EMPLOYED? YES NO IF YES:

OCCUPATION

NAME AND ADDRESS OF EMPLOYER

EDUCATIONAL BACKGROUND

EDUCATIONAL QUALIFICATION

NAME OF SCHOOL	DATE ATTENDED	QUALIFICATION OBTAINED
1)		
2)		
3)		
4)		
5)		
6)		

EMPLOYMENT DETAILS

NAME OF COMPANY	DATE OF EMPLOYMENT	DATE EMPLOYMENT ENDED	POSITION HELD	DUTIES
1)				
2)				
3)				
4)				
5)				
6)				

REFERENCE

NAME	POSITION	PERIOD YOU HAVE KNOWN THIS APPLICANT	COMMENT ON APPLICANT'S ABILITY TO PURSUE THE PROG.
1)			
2)			
3)			

*You may use additional sheets to complete this portion

OTHER (PLEASE SPECIFY)

PROGRAMME SPONSORSHIP

TICK THE APPROPRIATE BOX TO INDICATE HOW YOU WOULD FINANCE YOUR STUDY AT THE UNIVERSITY

SELF	<input type="checkbox"/>
EMPLOYER	<input type="checkbox"/>
THE CHURCH OF PENTECOST	<input type="checkbox"/>

DECLARATION

I,....., DECLARE THAT ALL THE PARTICULARS FURNISHED BY ME ON THIS APPLICATION FORM ARE GENUINE AND REFLECT MY TRUE RECORDS.

DATE SIGNATURE

NOTE

AN APPLICANT WHO MAKES A FALSE DECLARATION OR WITHHOLDS RELEVANT INFORMATION MAY BE REFUSED ADMISSION. IF HE/SHE HAS ALREADY ENROLLED IN THE UNIVERSITY, HE/SHE WOULD BE ASKED TO WITHDRAW.

NOTE

CANDIDATES ARE REQUIRED TO SEND COMPLETED ADMISSION FORMS TO:

THE HEAD OF DEPARTMENT (THEOLOGY), PENTECOST UNIVERSITY, P. O. BOX KN 1739, KANESHIE ACCRA

FOR FURTHER INFORMATION, CONTACT

- 1. Rev. Dr. Justice Arthur - 0202848498 (CTCA)
- 2. Rev. Dr. Christian Tsekpoe - 0244072950 (MCTP, MWTC, AMC, ETC)
- 3. Rev. Dr. Victor Zizer - 0274924750 (CLC, CCFT)

FOR OFFICIAL USE ONLY

NAME		SIGNATURE	
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AMOUNT	GHC
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DATE	
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ADMISSION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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