

**APPLICATION FORM FOR ADMISSION TO  
M.A./MTh./PhD PROGRAMMES**

Offered by  
*Akrofi-Christaller Institute of Theology, Mission and Culture*  
*Akropong-Akuapem, Ghana*

**1. PERSONAL DETAILS:**

Title: Rev/Dr/Mr./Mrs./Miss/Ms. (*delete as appropriate*)      Postal Address: .....

Surname:.....

Other Names: .....

Previous Names if applicable: .....

(*Note: Names used here must be exactly as appear on certificates*)

Date & Place of Birth: .....      Telephone: .....

.....      Fax: .....

Nationality: .....      E-mail: .....

Marital Status: (*tick as appropriate*)      Single [  ]      Married [  ]

Number of children: .....

Age and gender of children: .....

.....

**2. PROGRAMME APPLIED FOR: .....**

**3. EDUCATIONAL BACKGROUND:** (*Give details of all previous higher education*)

University/College	Name of Degree/Diploma/Certificate	Degree Award Date	Class of Degree Awarded

**4. PROFESSIONAL OR MINISTRY BACKGROUND:**

Current Employer: (Name of Church/Institution/Organisation)

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Position: .....

Years of Service: .....

*Please indicate if your proposed course of study has the support of your employer (church/organisation)*

.....

.....

What significant contribution do you hope to make after completing these studies? .....

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**5. PREVIOUS EMPLOYMENT:**

Employer: .....

**Position(s) held:**

**Years of service:**

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**6. INDICATE CLEARLY YOUR REASON FOR UNDERTAKING THIS PROGRAMME:**

*(Continue on separate sheet if necessary)*

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**7. POSSIBLE AREA OF RESEARCH (if known):**

.....

.....

**8. CHRISTIAN BACKGROUND:**

Church Affiliation: .....

*On a separate sheet of paper, please give a brief account of your Christian experience. (max. 2 typed pages)*

**9. FINANCE:**

Source of funding: *(Please also indicate possible sums and evidence of support)*

Self: .....

Family/Friends: .....

Local Church: .....

Denomination .....

Funding Agencies\*.....

.....

*\*Please list here any funding agencies to which you have applied*

**10. DECLARATION (to be signed by all applicants):**

I, ..... the undersigned applicant, declare that the  
*(please write your full name)*  
information supplied in this form is true and accurate to the best of my knowledge and belief.

Date.....

Signature.....

**11. REFERENCES:**

Please give details of three people who would be prepared to give confidential references in support of your application.

**i) Senior Academic (Your Professor, College Principal, etc.):**

Name: .....

Position/Rank: .....

Address: .....

.....

.....

Tel: ..... Fax: .....

E-mail: .....

**ii) Pastor/Minister:**

Name: .....

Position/Rank:.....

Address: .....

.....

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Tel: ..... Fax:: .....

E-mail: .....

**iii.) Close Personal Friend who has known you for at least three years:**

Name: .....

Occupation: .....

Address: .....

.....

.....

Tel: ..... Fax::.....

E-mail: .....

**FOR YOUR ATTENTION**

**12. ENCLOSURES**

**PLEASE CHECK** that all the following items are included in your response to us (tick boxes):

- a. Completed application form [ ]
- b. Full Curriculum Vitae [ ]
- c. Application Fees (\$35/GH¢30) [ ]
- d. Photocopies of
  - i. Academic Transcripts [ ]
  - ii. Degree Certificates [ ]
  - iii. Other qualifications [ ]
- e. Account of Christian Experience [ ]
- f. Details of sources of funding [ ]
- g. Four (4) recent passport-size photographs [ ]  
*(One of these must be endorsed by one of the referees named)*
- h. Reason for undertaking programme *(if on separate sheet)* [ ]

**13. Please provide each Referee with the appropriate reference form to fill and return to the Institute.**

**14. FURTHER ENQUIRIES AND COMPLETED FORMS SHOULD BE SENT TO:**

**The Registrar  
Akrofi-Christaller Institute of Theology,  
Mission and Culture  
P. O. Box 76  
Akropong-Akuapem  
Ghana.**

**E-mail:** registry@acighana.org

**website:** www.acighana.org

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**FOR OFFICE USE ONLY**

Date received	Checked by	Short-listed/Not short-listed
.....	..... <i>(Signature)</i>	.....
Programme applied for		Accepted/Not Accepted
.....		.....
Admission deferred to		Reason for deferment
..... (Year)		.....