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)

....……...

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? ....…….

....……...

....……....

....……....

5. PREVIOUS EMPLOYMENT:

Employer: ....

Position(s) held:	Years of service:
....................................………	..........................…….....
....................................………	..........................……..
....................................………	..........................……...

6. INDICATE CLEARLY YOUR REASON FOR UNDERTAKING THIS PROGRAMME:
(Continue on separate sheet if necessary)

....
....

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: ....……….....…..

....….……....

....…......…………

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

E-mail: ....…...........……..........….

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

Name: ....…................…..……......

Occupation: ....…..........…….......…..

Address: ....…...........…….………

....…...........…..……..

....……........................…….....…..….....

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

E-mail: ....…….......…...…................…...

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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 (GH¢100/$45)**   **[ ]**

    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:

<div align="center">

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

</div>

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

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FOR OFFICE USE ONLY

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Date received   Checked by   Short-listed/Not short-listed

....………..
                            (Signature)

Programme applied for   Accepted/Not Accepted

....…………

Admission deferred to   Reason for deferment

.... (Year)   ....