

**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: Please tick below

- | | |
|---------------------------|-------------------------------------|
| a. PhD Regular [] | d. MTh Intensive (August only) [] |
| b. PhD Intensive [] | e. MA Theology and Mission [] |
| c. MTh Regular [] | f. MA Options [] |

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:

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:

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

E-mail: registry@aci.edu.gh website: www.aci.edu.gh

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)	