



CROWTHER GRADUATE THEOLOGICAL SEMINARY

CHURCH OF NIGERIA (ANGLICAN COMMUNION)

ABEOKUTA, OGUN STATE, NIGERIA

OFFICE OF THE REGISTRAR

Phone No.: 08106402223

Postal: P.M.B., 2233, Sapon, Abeokuta

E-mail: crowtherseminaryabeokuta@gmail.com



APPLICATION FOR POSTGRADUATE ADMISSION SESSION: _____

SECTION ONE

Programme for which application is made (*Tick as Appropriate*)

CENTRE FOR POSTGRADUATE STUDIES:

- **Doctor of Philosophy in Theology:**
 - Old Testament Studies
 - New Testament Studies
 - Church History
 - Theology
 - Philosophy of Religion
 - Religious Ethics
 - Pastoral Counselling
- **Doctor of Philosophy in Intercultural Studies**
- **Doctor of Ministry (D. Min)**
- **Master of Arts (M.A.I.S) in Intercultural Studies**
- **Master of Divinity (M.Div.)**
- **Master of Theology (M.Th) in:**
 - Old Testament Studies
 - New Testament Studies
 - Church History
 - Theology
 - Religious Ethics
 - Pastoral Counselling
- **Postgraduate Diploma in Religious Studies**
- **Postgraduate Diploma in Theology (PGD.Th) Ordination**

Attach
A Current
Passport
Photograph

APPLICANT'S PERSONAL DATA

1. **Names:**
Surname:.....
Other Names:.....
Formal Names Given that may be included in your Certificate/Document(s) if any:.....
2. Title:..... 3. Telephone No.:.....
4. E-mail Address:.....
5. **Gender:** Male Female 6. Place of Birth:.....
7. Date of Birth:..... 8. State of Origin
9. Nationality ..:... 10. Tribe:.....
11. Local Govt:..... 12. Denomination:.....
13. Diocese:..... 14. Country of Residence:.....
15. **Marital Status:** Married Single Divorced
(*Tick as appropriate*)
16. **Sponsor:** Diocese Self On Scholarship Others (Specify)
17. Address:.....
.....

18. **Next of Kin**

i. Name:.....
 Relationship:.....
 Contact Address:.....
 Telephone No.:.....
 E-mail:.....

Sponsor's Details:

ii. Name:.....
 Relationship:.....
 Contact Address:.....
 Telephone No.:.....
 E-mail:.....

SECTION TWO

19a. **Educational Records:**

S/N	WASSCE/GCE/NECO		NABTEB/NCE	
	Subject	Grade	Subject	Grade
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

19b.

	School / Institution	Certificate Awarded	Year	
			From	To
Primary				
Secondary				
Tertiary				

20. **Employment Record:**

S/N	Names and Address of Employer	Position Held	From	To
1.				
2.				
3.				
4.				
5.				
6.				

21. **Names and Addresses of two Referees/Guarantors who are familiar with your personal, spiritual and academic record.**

(i.) Names: _____ Relationship: _____
 State of Origin: _____ Tribe: _____
 Nationality: _____ Local Govt: _____
 How long have you known the candidate? ____ Rank/Title: _____
 Contact/Residential Address: _____

 E-mail: _____ Tel: _____

 Signature/Date/Stamp

(ii.) Names: _____ Relationship: _____
 State of Origin: _____ Tribe: _____
 Nationality: _____ Local Govt: _____
 How long have you known the candidate? ____ Rank/Title: _____
 Contact/Residential Address: _____

 E-mail: _____ Tel: _____

 Signature/Date/Stamp

22. **Recommendation:**

Bishop/Director's Names

Date/Signature/Stamp

23. **Declarations:**

- It should be noted by all applicants that all cases of impersonation, falsification of documents or giving false/incomplete information whenever discovered either at registration or afterwards, will lead to automatic CANCELLATION OF ADMISSION.

- I have noted and understood the implication of giving incomplete/incorrect information; I confirm that the information in this form is correct. I am not a bonafide student of any other tertiary institution at the time of this application.

Applicant's Signature:.....

Date:.....

For Official Use Only

- | | | | | |
|--------------------|----------------------------|-----------------------------------|---------------|--------------------------|
| i. | Applicant's form Submitted | <input type="checkbox"/> | Date: | _____ |
| ii | Certificate Complete | <input type="checkbox"/> | Incomplete: | <input type="checkbox"/> |
| iii. | Qualified | <input type="checkbox"/> | Not Qualified | <input type="checkbox"/> |
| iv. | Admitted | <input type="checkbox"/> | Not Admitted | <input type="checkbox"/> |
| vi. | Fees Paid: | Complete <input type="checkbox"/> | Not Complete | <input type="checkbox"/> |
| Mode of Admission: | On Campus | <input type="checkbox"/> | Off Campus | <input type="checkbox"/> |

Registration Date:_____

Signature:_____

PROGRAMME ADMITTED INTO:

Seminary Programmes

- | | |
|--|--------------------------|
| Doctor of Philosophy in Theology | <input type="checkbox"/> |
| Doctor of Philosophy in Intercultural Studies | <input type="checkbox"/> |
| Doctor of Ministry (D.Min) | <input type="checkbox"/> |
| Master of Arts (M.A.I.S) in Intercultural Studies | <input type="checkbox"/> |
| Master of Theology (M.Th) | <input type="checkbox"/> |
| Master of Divinity (M.Div) | <input type="checkbox"/> |
| Postgraduate Diploma in Theology (PGD.Th) Academic | <input type="checkbox"/> |
| Postgraduate Diploma in Theology (PGD.Th) Ordination | <input type="checkbox"/> |

NOTE:

Transcript copies of both '0' level result slips/certificates, other qualifications and Birth Certificates should be attached to this form, if not immediately available, they must be forwarded later prior to the Admission offer. At registration, originals shall be required for verification.

Bank for the payment of Application Form is 1012695345, Zenith Bank, Crowther Graduate Theological Seminary, attach payment evidence/deposit slip with the application form for submission.
