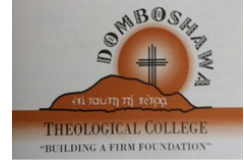




**DOMBOSHAWA THEOLOGICAL COLLEGE**  
**An affiliate of**  
**ZIMBABWE OPEN UNIVERSITY**



**APPLICATION FORM: B.A. IN RELIGIOUS STUDIES AND  
 THEOLOGY**

Please append a recent passport-size colour photograph in this box

**APPLICANT'S PARTICULARS:**

1. Surname..... Title.....  
 Forenames:..... Sex .....
2. Permanent Home Address .....
3. Email address..... Phone..... Cellphone.....
4. Address during semester (if different) .....
5. Date of Birth..... Place of birth ..... Citizenship .....
6. If foreign, please specify

	Permit No.	Expiry Date
Study Permit		
Residence Permit		
Other (specify)		

7. Tick **all** boxes applicable:  
Male Female Single Engaged Married Divorced Separated Widowed
8. Occupation .....
9. National ID Number:.....Nationality:.....
10. Details of your children (if applicable):

<u>Name</u>	<u>Date of birth</u>	<u>Age</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....

**11. Particulars of next of kin:**

**Full name:** ..... **Relationship to applicant:** .....

**Contact address:** ..... **Tel no.**.....

**CHRISTIAN EXPERIENCE AND SERVICE**

12. Denomination..... Local Church.....
13. Pastor’s Name ..... Address.....  
 ..... Tel No. .... Cell No. .... Email Address: .....
14. State any church /Christian service you have been involved in .....
15. State specific reasons for wanting to come to Domboshawa Theological College: .....
16. What do you hope to do after graduating from this College? .....

**EDUCATION**

17. Complete the table below, giving the O-level subjects passed at grade 'C' or better ONLY

SUBJECT (E.G ENGLISH)	EXAMINING BODY (E.G. ZIMSEC)	GRADE	YEAR
<b>O-LEVEL SUBJECTS</b>			
<b>A-LEVEL SUBJECTS (if any)</b>			

18. Tertiary Education or professional qualifications

Name Of Institution	Degree/Diploma	Full Time or Part-time	Years registered for each qualification		Degree/Diploma Qualification
			From	To	

**WORK EXPERIENCE**

19. Complete the following if you have been employed before:

EMPLOYER	JOB TITLE	PERIOD OF EMPLOYMENT

20. List any special skills you might have (e.g guitar playing) .....

**HEALTH**

21. State (if any) physical disabilities which might hinder you in studying, working, or playing sports

.....

22. Do you have (or have you ever had before) any of the following illnesses (tick where applicable):

- Epilepsy Diabetes Ulcers High Blood Pressure Heart Condition Severe Headaches
- Tuberculosis Any sexually transmitted disease

23. Do you have any disabilities? Yes No. If yes, please specify?.....

If yes, what extra educational and environmental adaptation do you require? .....

.....

**FINANCE**

24. What resources do you have for meeting your financial obligations (e.g tuition fees)?

.....

25. Name of your sponsor ..... Address .....

..... Tel. No. ....

26. What is your relationship to the sponsor? .....

27. What is the occupation of the sponsor? .....

**FOR MARRIED APPLICANTS**

28. Full name of your spouse.....

29. Date of your marriage (Please attach Marriage Certificate) .....

30. Is your spouse in full agreement with your plans to attend this College? Yes No

**BY SIGNING THIS FORM ALL APPLICANTS AGREE TO THE FOLLOWING:**

- ◆ I declare that the information I have given is correct, and that should it be found to be false my application will be disqualified and I may face legal action.
- ◆ I agree to follow all the rules of Domboshawa Theological College and the code of conduct if I am accepted (copy to be supplied on admission).
- ◆ I will pay all the required fees **in advance**. I agree that my privileges as a student may be suspended by the college until I meet my fees obligations, without thereby reducing my indebtedness to the college.

- ◆ A student is enrolled for the full duration of the prescribed programme(s). Any premature termination of studies, except by reason of the student's death, is subject to one full semester's notice, or fees in lieu of notice. Under no circumstances will fees be refunded for premature termination of studies.

Applicant's Signature.....

Date.....

Sponsor's Signature.....

Date.....

**Office Use Only**

Application fee received: Rec No.....
Documents received: <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Academic Certificate (s); <input type="checkbox"/> ID; <input type="checkbox"/> Photograph(s)
<input type="checkbox"/> recommendation form <input type="checkbox"/> Other.....
<input type="checkbox"/> Waitlisted because:..... <input type="checkbox"/> Not accepted because.....
Comments: .....
Processed by: ..... Date: .....