



## **ADMISSION FORM**

A. NA/	ME (must be	e clearly	/ writte	n in bl	ock le	tters.)												
SURNA		, G.G. G	,			,												
FIRST N	NAME																	
OTHER	NAMES																	
				1														
B. Gend	der Male		•	Femo	le		( please ti	ck)	•				•	•		•		
C. Date of Birth									Place of Birth									
D. Nationality									Home Town (Region									
E. Occupation								_	Mobile No.									
F. Mar	ital Status	Single	•		Wic	low			Email.									
	tal Address_	Marri		į	b	orced			Res. A	ddress.			7		Č	( Social	media e.g fa	acebook )
H. Pas	sport or Reco	ognized I	dentity	Card N	umber		1 1	-				4	4			4		
								- 1										
J. Wha	t is the highe	st level o	of educ	ation yo	ou attai	ned?			Emplo	yment		yed ful		( please tick		Studen	<del>'</del> 1	
K. Bapi	tism in the no	ame of Je	esus? (	please tick	Yes		No	Ш			Emplo	yed po	art-time	•		Retired	ı [	
L. Holy	Ghost Baptis	sm?	(	please tick	Yes [		No				Self Er	nploye	d			Unemp	oloyed	
	at is your are you hold a							nation	al Ghan	a? Yes				No			-	
	RTHER DETAIL AL HEALTH N		DISABII	.ITY														
Do y	ou have any	disabilit	y which	may a	ffect y	our stud	dies or 1	necessi	tate sp	ecial su	pport	Υ	es [		N	lo [		
If 'Ye	es' please giv	e further	inform	ation:														
Do y	ou have any	crimina	l convic	tion in	any co	untry?							es [		N	lo [	$\overline{}$	
If 'Ye	es' please giv	e further	inform	ation:									L			. <del>.</del>		
Have	you ever e	ngagedi	in any c	Irug ad	diction	?							<b>'</b> As		N	ı <sub>0</sub> Г	$\neg$	

If 'Yes' please give further information:		
P. EDUCATIONAL BACKGROUND INFORMA		
Name of Basic School/ Senior High	Address	Dates attended
School/College/University		From (mm/yy) To (mm/yy)
Q. EXAMINATION RESULTS		
Basic Education/Further/Higher Education	1	
Full Title of Qualification		Grade Achieved Date Taken
VX.	Course of Study	(mm-yy)
4 1 1		
411		
2455/		
Please ensure copies of your certificates	are affactied together with fransiatio	ns ir appropriate
R. COURSE OF STUDY APPLIED FOR		
Mode of Study Full Time	Part Time $\square$	Distance Learning   —
Accra	Extension  Propose	d start
Location Off Campus	date (mm/yyyy	,
Year 1 Diploma 🗆 Year 2	Associate Degree	Year 3
S. FEES INFORMATION		
Who is expected to pay your fees?		onsor $\square$
Name and address to which invoice is to	be sent:	
T DADENT/CHADDIAN(S) INFORMATIO	1	
T. PARENT/GUARDIAN(S) INFORMATION		
FATHER'S/GUARDIAN'S NAME		
MOTHER'S/ GUARDIAN'S NAME		
f parents are deceased or separated. Name no	xt of kin?	
Residential Address:		

Cortify that	t, to the best of my knowledge, the information I have provided is complete
and true.	i, to the best of my knowledge, the information i have provided is complete
Signature of Applicant	Date
Name of Pastor	Tel:
Pastor's E-mail	
Signature of Pastor	Date
without complaint and to conduct myself at all times and be-	bide by the rules and regulations of the college to bear all my responsibilitions a spirit-filled Christian: to meet my financial obligation as required e a man or a woman of God. I agree that after completing the course, the to prove myself as a Christian worker.
Name:	Official Stamp:  Signature:
Registration Number:	CE USE ONLY
Reference received: Pastor Scholastic  Date for Interview: / /  Approved Disapproved	Employer Pending
rincipal's Name:	Date:/

P.O.BOX 7455, Accra-North. Ghana Tel: +233 243 90 2800 / 204 19 4909 / 244 78 7738

Email: actsghana@gmail.com facebook: African Centre for Theological Studies Ghana

Signature: \_

Raising the Standard of Ministerial Excellence



# AFRICA CENTER FOR THEOLOGICAL STUDIES <u>PASTOR'S REFERENCE</u>

Applican	t's Nam	e:																
																		Τ
Pastor's 1	Name, A	ddres	s and	Tel. No	)													_
	T																	Τ
Dear Pas The perso deeply ap	n who h																is	
				1		Excel		Ab	ove erage		erage	I	Below verage		Inade Oppo	equate rtunity bserve		
Spiritual	ity & Co	nsecra	ation	11														
Personal	Appeara	ance/C	odline	ss														
Dependa	ability		1	1		m,												
Co-opera	ative Spi	rit				1			A					N				
Personal	Motivat	ion	1	D	1		V	A					1					
Leadersh		1	7	P	4	7					7		١,		7	1		
Ability t	o get alo	ng wit	h othe	ers	9			//						4				
Consider	ration fo	r other	'S															
Sense of	respons	ibility																
Faithfuli	ness in C	hurch	Attend	lance														
Church 1	Involven	nent																
Respect	for Auth	ority																
Care for and Con		l oblig	ation t	o Chur	ch													
How long	have yo	u knov	wn the	Applic	ant?_												-	
Is the app	licant ac	tively	involve	ed in th	e acti	vities o	f the C	Church'	? 🗆 Y	ES [	□ NO	If Y	ES, plo	ease e	laborat	e		

Please describe any other church-related activities is school, choirs, outreach, etc.	n which the applicant has been or is now involved such as Sunday
How would you evaluate the financial status of the	applicant's family?
Above Average Avera	ge Below Average
Will the applicant be able to assist with any expense	es incurred in attending Bible College?
Do you know of any health factors (physical or emo	otional) of which we should be aware?
If so please explain	
Would you recommend this individual, without exc	eption, for admission?
If not, please explain	
4404	
Addition Comments:	
Date://	Signature of Pastor:
E-mail Address:	Official Stamp:

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#### **AFRICA CENTER FOR THEOLOGICAL STUDIES**

#### **SCHOLASTIC REFERENCE**

Appli	cant's	Name	•										
Name	of Pr	incipa	l/Heac	l Ması	ter/He	ad Tea	acher						
Name	of Sc	hool											
Addre	ess and	l Tel l	Vo	Į.	(								
					1								
			1	Va									

#### Dear Sir/Madam,

The person who has given you this reference form is applying for admission in ACTS (GHANA). Your prompt reply is deeply appreciated and will be held in strictest confidence. Please evaluate this applicant in the

following areas:

onowing areas:	- N				
ATT.	Excellent	Above Average	Average	Below Average	Inadequate Opportunity To Observe
Academic Achievement		41			- 0
Classroom Participation					
Emotional Stability					
Personal Appearance					
Moral Character & Integrity					
Personal Initiative					
Cooperativeness					
Respect for Authority					
Personal Motivation					
Leadership Ability					
Thoroughness in carrying out responsibility					
Consideration for Others					
Ability to get along with Others					
Dependability					

Do you know of any health factors (physical or emotional) of	which we should be aware?
If so please explain	
How long have you known the applicant?	
Would you recommend this individual, without exception, for	admission?
If not, please explain	
Addition Comments:	
Date://	Signature: Headmaster/Headteacher/Principal
E-mail Address:	Official Stamp:
现分上	CIS



### AFRICA CENTER FOR THEOLOGICAL STUDIES <u>EMPLOYER'S REFERENCE</u>

ame of Employee	PLOYER <sup>®</sup>	5 KEF	<u>ERENCE</u>		
					$\neg$
ame of Company/Institution					
					$\neg$
ddress and Tel. No.					
				$\neg \neg$	
o the Employer: The employee who has given you this reproperties or one of the contract of the	will be held i			ons to ACTS	(Ghana). Your
Please evaluate this applicant in the followi	ng areas Excellent	Above Average	Average	Below Average	Inadequate Opportunity To Observe
Dependability					10 0000110
Productivity	11/1/2	A (4)			
Punctuality					
Sense of Responsibility		20.2			
Efficiency of Performance	/	g g	1	7	
Ability to get along with others					
Emotional Stability					
Personal Appearance					
	+				
Moral Character & Integrity					
Moral Character & Integrity					
Moral Character & Integrity Cooperative Spirit					
Moral Character & Integrity  Cooperative Spirit  Personal Initiative					

If so please explain \_\_\_\_\_

Would you recommend this individual, without exception, for admission?  YES NO
If not, please explain
Addition Comments:
Name of Employer  Position:
Signature: Date:/
Official Stamp: E- mail Address:

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