APPLICATION FOR ADMISSION (UNDERGRADUATE)

		Official Use Only
Recent Pass-port Size Photo	TRANS-AFRICA CHRISTIAN UNIVERSITY	Application fee Received Application Received: Transcripts Received: School: College(s) References Received: Pastor's Ref Interview: Accepted: Notified: Program:
	P O BOX 21067 KITWE, ZAMBIA TEL: 260 212 239037 EMAIL: <u>registrar@tacuzambia.org</u> website:www.tacuzambia.org	Year of Intake: Graduation: Student Number:

INSTRUCTIONS Provide information where appropriate. Enclose two (2) passport size photos. Attach all certified academic and supporting documents (NRC, passport, marriage certificate, etc). Applications must be sent to the above address. Please print clearly in Block Letters.

STUDENT INFORMATION:

1.	Name							
	(Surnam			(Middle)			(Last name)	
2.	National Registr	ation Card	Number :		//	Passport N	Number:	
3.	Address:(Postal			(*	Fown/City)		(Country/State)	
4.	Residential Add	ress:						
	Telephone	(Work)		(Home)		(E-mail)	
5.	Date of Birth: _		Nationality_		Trib	e:	Gender:	
6.	Next of Kin:		(Name in F				_	
7.	Marital Status:		Address)			Tele	phone/Mobile	
7.	Wartar Status.		(Married)		(Divorced)	(Remarried)	(Polygamous)	
	Name of your sp	oouse:			Phone	e No:		
8.	Is your spouse is	n agreemen	t with your plans to	enter College?	Yes	_No.		
	Signature of Spo	ouse:				Date:		

RELIGIOUS BACKGROUND/DENOMINATIONAL AFFILIATION:

1.	Name of the Church you are currently attending?
	How long have you been a member?
2.	Are you a licensed Pastor or ordained? Yes No.
	What is the name of the church you are pastoring?

ACADEMIC INFORMATION (Attach all certified copies of transcripts and certificates)

Name of Educational Institution attended (Secondary an College/University)	Years		Qualification obtained
Conege/University)	From	То	
1.			
2.			
3.			
4.			
5.			

FOREIGN STUDENTS:

- 1. If you are a foreign Student, note that the following should be forwarded to our **Zambian Embassy** in your Country and the same should be copied to us and should be sent together with this Admission Application:
 - Study Permit Application Form
 - Medical Report (with Radiological examination)
 - Pass-port size Photos (4)
 - Financial Guarantor
 - \$200.00 (US Dollar)
 - Valid Pass-port

Inform our Admission Office of the advice received by our Embassy in your country on the securing of this important Document, for you cannot come without securing a study permit.

FINANCIAL DATA

1.	How do you propose to	finance your studies		
	Self Sponsorship:	Government:	Church Sponsorship:	Other (Specify)

REFERENCES:

I.

1.

Please give the names and addresse	s of two (2) references.
Pastor's Name:	
Address:	
Telephone:	
Church Board:	
Name of Elder/Deacon/Secretary	
Address:	

2. **PROGRAM DESIRED:**

Certificate in Bible and Theology: _ A two year Program

(Tick)

II. Diploma in Bible and Theology: _

(Tick)

Three Year Program and requires basic form 5 (Grade 12) with four (4) O levels or better

III. Bachelor of Arts in Bible and Theology Degree: ____

(Tick)

Four Year Program and requires basic form 5 (Grade 12) education with a division 1 or 2 and excellent grades, or with five (5) O levels or better.

Mode of Study:

Full-Time Program: _____

Distant Learning Program: _____

Degree Completion Program: _____

*For the enrolment requirements visit our website

How did you know about Trans-Africa Christian University			
Advertisement on TV			
Advertisement on Radio			
Advertisement in Newspaper			
Tacu website			
Personal Recommendation			
Brochure			
Other (please specify):			
Brochure			

I certify that the information given in this application and supporting documents is accurate and complete. I understand that Trans-Africa Christian University reserves the right to reverse any offer of admission made on the basis of inaccurate.

Signature: _____

Date: _____

Trans-Africa Christian University P O Box 21067 KITWE - ZAMBIA Tel: +260 212 239037 EMAIL: registrar@tacuzambia.org WEBSITE: www.tacuzambia.org Registered with the Ministry of Higher Education