## ADVENTIST UNIVERSITY OF AFRICA

## APPLICATION FOR ADMISSION

Personal Information	0 <b>n</b>				
Family Name	First Name	е	Middle Name	Marital Status	
Current Address					
E-mail Address	. Personal Phone No.				
Place of Birth	Date of Birth	Gender		Country of zenship	
Name of Employing Postal Address:	Church Organizatio	n:			
E-mail Address	1	Fax No.		Phone No.	
Name of Spouse					
Names and Ages of I	Dependant Children				
Educational Inform		16:		16	
Highest Degree Eari	ıed	Major		Minor	
Name of College/Un	iversity Da	tes Attendea	l Dat	e of Graduation	
Other Colleges/Univ	ersities Attended	Dates	Degree/Diploma	Date Received	
What Degree Will Y		M.A. (Leade . Missions (l	ership) (slamic Studies)	M.A. (Theology	
English Proficiency: Passed an English pr					
Score		Date			

Professional Information What Is Your Current Position?		When Did You Take This Position?		
Previous Positions	Dates	Employing Organizations	Places	
Total No. of Years in De	— ————nominational S	ervice Current Denom	— — inational Credential	
Pledge Please read and sign:				
I agree, if admitted as a play the institution.	Signature	udent, to uphold the standards and re of Student pplication		

#### **IMPORTANT**

In order to process your application without delay, please send the following items at once:

- 1. The completed and signed APPLICATION FOR ADMISSION form,
- 2. A photocopy of your college/university *DIPLOMA*.
- 3. An OFFICIAL TRANSCRIPT OF RECORD.
- 4. A letter from your employing organization stating whether you are financially sponsored or recommended as a self-sponsored student.
- 5. A passport-size picture taken no longer than six months ago

Please send these items directly to the Office of Admissions at AUA (addresses below).

Attached is a form to REQUEST FOR OFFICIAL TRANSCRIPT OF RECORD. Send it to the Office of the Registrar of each college or university you have previously attended to request for your Official Transcript to be sent to us. We cannot process your application until we have received the Transcript(s) of Record.

#### DIRECTOR OF ADMISSIONS

ADVENTIST UNIVERSITY OF AFRICA (AUA) PRIVATE BAG MBAGATHI 00503 NAIROBI, KENYA

Tel: 254206603074

admissions@aua.adventist.org

# ADVENTIST UNIVERSITY OF AFRICA REQUEST FOR OFFICIAL TRANSCRIPT OF RECORD

### **General Instructions**

A copy of this form is to be filled out by the applicant and sent to the registrar(s) of each College or University that he/she has previously attended. The official transcript(s) **must be sent** directly from the registrar's office to the **Director of Admissions** of the **Adventist University of Africa** (AUA) at the address provided below.

	Date:
To the Registrar of	
I am applying for admission to a postg official copy of my undergraduate and tenure at your school, to the <b>Director</b> on number below).  If for any reason you cannot comply w	
Admissions. THANK YOU. Signature:	
Name of student:	
Year(s) as a student in y	your institution:
Date of graduation:	Birth date:
Current postal address:	
Current e-mail address:	T 1 1
FAX:	Telephone:
<b>DIRECTOR OF ADMISSIONS</b> ADVENTIST UNIVERSITY OF AFRICA PRIVATE BAG MBAGATHI 00503	

NAIROBI, KENYA Tel 254206603074

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