



Bishop Allison Theological College

Application Form

*PLEASE FILL THIS FORM IN CAPITAL LETTERS

Choice of Program:

Diploma in Theology	
Certificate in Theology	

Please attach photocopies of the relevant documents:

*Prerequisites for Certificate in Theology:

- Passed O-Level Exams in Uganda with at least 3 passes or 1 credit and 1 pass, the South Sudan Certificate of Education Examinations, or their equivalent.

*Prerequisites for Diploma in Theology:

- Passed O-Level Examinations in Uganda, the South Sudan Certificate of Education Examinations, or their equivalent.

And

- Completed a Certificate-level course in a recognized college or university or have earned at least one Principal Pass and two Subsidiary Passes for A-Level Exams in Uganda.

In order for students to be registered, they must present original documents. Students cannot use provisional results for registration.

SECTION 1.0: Applicant's Personal Information

Name: (use name on academic documents)		Surname:	
		Other Names:	
Title: (Rev., Dr., Mr., Miss, Mrs., Ms.)			
Gender:	Male:		
	Female:		
Date of Birth:	Day:	Month:	Year:
Nationality:			
Country of Residence:			
Home District/State:			
Home Diocese:			
Christian Denomination:			
Marital Status:	Single:		

	Married:
	Other:
	Type of Marriage:
	Name of Spouse:
	Number of Children:

1.1: Disability

Do you have any disability? Yes _____ No _____

If yes, please state the nature of the disability: _____

1.2 Applicant's Contact Information

Postal Contact:	PO Box:	Town:
	Country:	
Telephone:		
Email:		

1.3 Contact Person in Case of Emergency

Names:	
Address:	
Telephone:	
Email:	

1.4 Referees

Please list the contact information for the following referees: Bishop, Archdeacon, Local Pastor, and Teacher or Diocesan Education Officer. Additionally, please attach to this application form recommendation letters both from the Office of the Bishop of your diocese and from a Teacher or the Diocesan Education Officer of your diocese. Referees must use the BATC Referee Form. (If your denomination does not have Bishops and/or Archdeacons, please put the contact information for people of equivalent positions in your denomination and please attach a recommendation letter from your church leadership as well as a letter from an academic referee.)

Bishop Contact information:

Names:	
Address:	
Telephone:	
Email:	

Archdeacon Contact Information:

Names:	
Address:	
Telephone:	
Email:	

Local Pastor Contact Information:

Names:	
Address:	
Telephone:	
Email:	

Teacher/Diocesan Education Officer Contact Information:

Names:	
Address:	
Telephone:	
Email:	

SECTION 2.0 Educational Background

Name and Address of School / Institution	Dates of Attendance (Begin) (Finish)		Qualification

Please List Positions of Responsibility Held and/or Extracurricular Activities:

SECTION 3.0 Employment Record

Name of Employer	Designation	Dates of Employment (Begin) (Finish)	

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SECTION 4.0 Essay Questions

*Please attach responses of at least one full page for each of the following essay questions:

- 1) Explain your testimony of salvation.
- 2) Describe your past and current involvement in the work of the Church.
- 3) Describe your family background, your personal history, and what arrangements you have made for your family for the time of your course of study.
- 4) Why do you want to study at Bishop Allison Theological College? What motivated you to pursue theological studies?
- 5) What do you hope to do upon completion of your studies at Bishop Allison Theological College?

SECTION 5.0 Payment of Fees

1. Confirmation that Application Fee (10,000 UGX) has been paid. Signature of BATC Financial

Accountant Needed: _____

2. How do you intend to finance your studies? (Tick one)

- Self-Sponsored _____

- Scholarship _____

- Name of Scholarship Provider _____

- Contact of Scholarship Provider (Phone and Email):

- Other (specify) _____

SECTION 6.0: Declaration

*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 and can lead to prosecution in the courts of law.

I have noted and understood the implication of giving incomplete/incorrect information. I confirm that all the information given in this form is correct.

Signature of Applicant _____ Date _____

*This completed application form must be returned to the office of the Academic Dean of Bishop Allison Theological College at least four months before the proposed intake. Submission of application forms after this date will not be accepted.

*List of Documents which should be attached to the completed application form:

- Recommendation Letter from the Office of the Bishop from the diocese from which the student comes (or, for denominations which do not have bishops, from an equivalent leader in the church)
- Recommendation Letter from a Teacher or the Diocesan Education Officer
- Photocopies of All Relevant Academic Documents
- Responses to the Questions listed in section 4.0