

27. When were you saved?

(DISCUSS YOUR CONVERSION EXPERIENCE ON A SEPARATE SHEET)

28. Denomination/Church Address:

29. Name of your Pastor:

30. When were you Baptized? By Immersion?
Where?

31. Have you Experienced Holy Spirit Baptism?
When? Where?

With the Evidence of Speaking in Tongues? Yes No

32. Are you a regular member of a Local Church? Yes No

33. What responsibility(ies) do you perform there?

34. Name three (3) Persons to whom reference may be made,
one of which must be your Senior Pastor

(i)

(ii)

(iii)

Ask your referees to write on your moral and spiritual qualities and
also supply other useful comments that will facilitate your admission.
The information must be confidential.

35. Declaration by Applicant.
I, hereby declare that the
particulars which I have supplied above are valid to the best of my
knowledge.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

| | |
|-----------------------------|--|
| REFEREES REPORT | |
| TRANSCRIPT | |
| PROFESSIONAL CERTIFICATE | |
| O/LEVEL CERTIFICATE | |
| OTHER HIGHER CERTIFICATE(S) | |

Date Application was received: _____

Decision of Admission Committee: _____



**REUBEN GEORGE
THEOLOGICAL SEMINARY (REGETS)**

(An affiliate of Ajayi Crowther University)

GOSPEL TOWN, IGBO-OLOYIN ROAD, OJOO, IBADAN
U. I. P. O. BOX 20909, IBADAN

WEBSITE: www.regets.com.ng

E-MAIL: pgd@regets.com.ng

Phone Number: 08166286277

POSTGRADUATE APPLICATION FORM

for

- 1. PGD in Education (PGDE, Short-term Course)
- 2. PGD (Practical Theology) (Full-Time)
- 3. M. A. (Missiology)
- 4. M. A. in Leadership
- 5. M. A. Christian Education
- 6. Master of Divinity (M.DIV)

FORM NO:
RECEIPT NO:

For Session

1.
Surname

First name

Middle name

2. Name(s) on previous records, if different from above

3. Telephone Number:

4. Email:

5. Sex: Male Female

6. Date of Birth: Day Month Year

7. Nationality:

8. Permanent Address:

Street/P. O. Box

Town/City

9. State of Origin: (Nigerians only)

10. Local Govt. Area:

11. Marital Status:
Married Divorced Re-married
Separated Widowed Single

12. Next of Kin/Guardian

Surname

First Name

Middle Name

13. Telephone Number:

E-mail:

14. Relationship to you:

15. Address:

16. Work Experience(s):

| Place | Period | Position |
|-------|--------|----------|
| | | |
| | | |
| | | |
| | | |

17. Last Institution Attended:

18. Highest Qualification Obtained:

19. Sponsorship (Tick): Parent/guardian Self Loan Others

20. Extracurricular Activities:

21. Details of Qualification(s) Obtained with Date:

| Institution | Date | Certificate/Grade |
|-------------|------|-------------------|
| | | |
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Please, submit a Photocopy of all Credentials including Transcripts

22. Present Occupation:

23. Office Address:

24. Office Phone Number(s):

25. Enrolment Information:
September { } January { } May { } June { }

26. Year Of Entry _____