



**REUBEN GEORGE**

**THEOLOGICAL SEMINARY (REGETS)**

GOSPEL TOWN, IGBO-OLOYIN ROAD, OJOO, IBADAN.

U.I.P.O. BOX 20909, IBADAN, OYO STATE.

WEBSITE: [www.regets.com.ng](http://www.regets.com.ng)

E-MAIL: [pgd@regets.com.ng](mailto:pgd@regets.com.ng)

**APPLICATION FORM**

*for*

**ADMISSION INTO**

**EXECUTIVE POSTGRADUATE DIPLOMA**

**IN PASTORAL STUDIES**

**REUBEN GEORGE THEOLOGICAL SEMINARY (REGETS)  
GOSPEL TOWN, IGBO-OLOYIN ROAD, OJOO, IBADAN  
U.I.P.O BOX 20909, IBADAN**

**FORM NO:** .....

**RECEIPT NO:** .....

APPLICATION FORM FOR ADMISSION INTO EXECUTIVE  
POSTGRADUATE DIPLOMA IN PASTORIAL STUDIES

FOR ..... SESSION

1. Name:   
SURNAME  
  
FIRST NAME  
  
MIDDLE NAME

2. Telephone Number(s):

3. E-mail(s)

4. Sex (Tick Applicable one):      MALE       FEMALE

5. Date of Birth:                       
DAY                                  MONTH                                  YEAR

6. Nationality:

7. Permanent Address:   
Street/P.O. Box  
  
Town/City  
  
Local Govt. & State/Country (Foreign Students Only)

8. State of Origin:  (Nigerians Only)

9. Local Govt. Area:  (Nigerians Only)

10. Marital Status (Tick Applicable One):    MARRIED       DIVORCED   
SEPARATED       WIDOWED       SINGLE

11. Next of Kin: \_\_\_\_\_ (TITLE) \_\_\_\_\_ SURNAME  
 \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME

12. Next of Kin's Telephone Number(s): \_\_\_\_\_

13. Next of Kin's Relationship to you: \_\_\_\_\_

14. Next of Kin's Address: \_\_\_\_\_  
 Street/P.O. Box/ Office  
 \_\_\_\_\_  
 Town/City

15. Work Experience(s)

PLACE	PERIOD	POSITION

16. Last Institution Attended: \_\_\_\_\_

17. Highest Qualification Obtained: \_\_\_\_\_

18. Sponsorship (Tick Applicable one): PRIVATE  LOAN   
 BURSARY  SCHOLARSHIP

19. Extra Curricular Activities: \_\_\_\_\_

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

Name of Institution(s)	Period of Study	Certificate Awarded	Class

Please, Submit a Photocopy of all Credentials including Transcript(s)

21. Present Official Status: \_\_\_\_\_

22. Office Address: \_\_\_\_\_

23. Office Phone Number(s): \_\_\_\_\_

24. When were you saved?

(DISCUSS YOUR CONVERSION EXPERIENCE ON A SEPARATED SHEET)

25. Denomination:

26. Church Address:

27. When were you Baptized? \_\_\_\_\_ By Immersion? \_\_\_\_\_  
Where? \_\_\_\_\_

28. Have you Experienced Holy Spirit Baptism? \_\_\_\_\_ When? \_\_\_\_\_  
Where? \_\_\_\_\_  
With the Evidence of Speaking in Tongues? YES  NO

29. Are you a regular member of a Local Church? YES   
NO

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

31. Ordained? YES  NO

32. 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.**

33. **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: \_\_\_\_\_

\_\_\_\_\_  
**Registrar's Signature.**