



REUBEN GEORGE THEOLOGICAL SEMINARY (REGETS)

A Training Arm of the Gospel Faith Mission Int'l
Gospel Town, Arulogun Road, Ojoo, Ibadan
U.I. P.O. Box 20909, Ibadan

Affix a recent
Passport
Photograph

APPLICATION FORM FOR ADMISSION

For _____ Session

1. Applicant's Name _____
SURNAME (IN BLOCK LETTERS), FIRST NAME & MIDDLE NAME

Form No:

2. Postal Address _____

Receipt No:

3. Permanent Home Address _____

4. Phone number _____ E-mail Address _____

5. Course-in-View:
Certificate in _____

Diploma in _____

Bachelor's Degree in _____

6. Mode of Study: Fulltime Part-time TEE Sandwich

7. Sex: Male Female

8. Marital Status: Married Unmarried Divorced Widowed

9. No. of Children _____

10. Date of Birth: Day _____ Month _____ Year _____

11. Next of Kin _____ Relationship _____

12. Name of Wife/Husband _____ Tel. _____

13. Education of Wife/Husband _____

14. Last Employment _____ From _____ To _____

15. Educational Record (tick as appropriate):
Primary _____ WASC/O/L _____ Grade II _____ Others _____

16. a. When were you saved? _____

b. When were you baptized by immersion? _____ Where _____

c. Are you a regular member of a local Church _____

d. Do you hope to be a Pastor _____ An Evangelist _____

17. What part do you play in the Church _____

18. Ordained? Yes _____ No _____

19. How will you pay your fees? _____

20. Schools and Colleges attended:

NAME OF SCHOOL	TOWN/COUNTRY	YEAR ATTENDED

21. Name three persons to whom references may be made **ONE** of which must be the Minister-in-charge of your Church

1. _____ Tel. _____
2. _____ Tel. _____
3. _____ Tel. _____

Ask your referees to write on your moral and spiritual qualities and other useful comments that may facilitate your admission. The letter under confidential seal should be directed to the Registrar.

22. Sponsorship: Give name and Address of your sponsor if any

Name _____
 Contact Address _____
 Phone Number _____ E-mail Address _____

23. **DECLARATION BY APPLICANT**

I hereby declare that the particulars which I have supplied above are true to the best of my knowledge and belief.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

Referees Report	
Transcript	
Professional Certificate	
O/Level Certificate	
Other Higher Certificate(s)	

Date application was received _____

Course for which admitted _____

Decision of admission committee _____

 Registrar's Signature