



EVANGELICAL UNIVERSITY

(FORMERLY THEOLOGICAL COLLEGE OF CENTRAL AFRICA - TCCA)

INSTITUTE FOR WOMEN IN MINISTRY

APPLICATION FORM

All applicants must submit a non-refundable Registration fee together with three (3) recent Passport size pictures with this application.

Registration fee K100.00

NB: Please complete all of the questions, and fill out the application with ink.

FIRST NAME: _____ SURNAME: _____

LOCAL ADDRESS: _____

POSTAL ADDRESS: _____

E-MAIL: _____ MOBILE NUMBER: _____

TESTIMONY (Write on a separate sheet of paper)

Write a brief account of your salvation.

Write an explanation of your desire to be accepted into the Institute for Women in Ministry **(Write on a separate sheet of paper)**

CHURCH/ COMMUNITY INVOLVEMENT

If involved in ministry – name and position in the Ministry: _____

ACADEMIC QUALIFICATIONS

HIGH SCHOOL	YEAR ENTERED	CERTIFICATE EARNED	YEAR GRADUATED

UNIVERSITY/COLLEGE	YEAR ENTERED	QUALIFICATION OBTAINED	YEAR GRADUATED

HOME CHURCH: _____

LOCAL CHURCH: _____

NAME OF LOCAL PASTOR/MINISTER/ELDER: _____ SIGNATURE: _____

SIGNATURE OF STUDENT: _____ DATE: _____

STATEMENT OF FAITH

I have read and understood the Statement of Faith. I am in agreement with the Statement of Faith.

The attached Statement of Faith form has to be completed and submitted together with this application form.

CODE OF CONDUCT

I have read and understood the code of conduct. I accept to abide by the stipulated rules and regulations. I understand that should I break or violate the Code of Conduct, I will be subjected to disciplinary action and I will abide by the decision of the University Disciplinary Committee.

The attached Code of Conduct form has to be completed and submitted together with this application form.

HUSBAND CONSENT (Husbands only)

I, _____ agree and give my full support for

_____ to be in the Institute for Women in Ministry at Evangelical University.

Signature _____

Date _____

Payment Information

Please note that neither the admissions office nor the finance office will accept cash money or personal cheques from applicants and students. Payment is to be made through the university bank account enclosing a copy of the bank deposit slip for the application fee.

Account Name: Evangelical University
Bank Name: Stanbic
Account Number: 9130-0000-12967
Branch Name: NDOLA Branch
Swift Code: SBICZMLX
Sort Code: 040103

Please enclose with this application the relevant copy of the deposit slip for the Registration fee and a recent Passport size photo, and send to:

The Registrar
Evangelical University
P.O. Box 250100
Ndola, ZAMBIA
E-mail: registrar@evangelicaluniversity.ac.zm
Website: www.evangelicaluniversity.ac.zm

Nama Dinah Fundulu (Ms.)
Admissions Officer
Evangelical University

EU is accredited at Post-Secondary Level by the Association for Christian Theological Education in Africa (ACTEA) and recognised by Zambia's Ministry of Higher Education Authority as a teacher training institution