

THE PACIFIC THEOLOGICAL COLLEGE APPLICATION FOR ADMISSION

(to be completed by the church)

Bachelor of Divinity

[Church Sponsored / Private]

1.	Name of candidate:
2.	Name of candidate's church:
3.	Is the candidate an ordained minister/priest?
4.	4. What is the candidate's particular ability or interest?
Is 1	he candidate preparing for some special position or work in the church?
Sta	tement of recommendation from the candidate's church:
I a	oply for the candidate named above to be admitted to the Bachelor of Divinity Programme
Sig	ned Date

Position in the church
Who will be responsible for paying the fees for this candidate? Please arrange for an appropriate person from the funding body to sign the following declaration:
Financial Declaration
On behalf of the
(funding body)
I apply for
(name of candidate)
to be admitted to the Pacific Theological College for the three-year Bachelor of Divinity programme.
The accepts
(funding body)
financial responsibility for all college fees and the Immigration Bond for this Candidate.
Signed
Position in Funding Body
Postal Address
Date

In addition to this sheet, the application should include the following:

- 1. Pages 3 and 4 of this application, to be completed by the candidate.
- 2. Transcript of grades from theological college and copies of other education certificates.
- 3. Birth certificates and school reports for children who will be seeking admission to Suva schools to be submitted when admission to PTC been accepted.
- 4. Medical certificates for each member of the student's family who will be coming to the College, obtained not more than two months before the above date. (It is important that all members of the family are in good physical and mental health.)

Please note: nos: 3&4 should be submitted to us when admission to PTC been accepted.

Pacific Theological College, Private Mail Bag, Suva, Fiji Tel: (679) 3311-100 Fax: (679)3301-728



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. Full name				
(surname as stated on p	passport)	(given names as stat	ed on passport)	
2. Present mailing address: _				
Tel./Fax Contact:		Email:		
3. Place of birth:(town/provinc		- (country)		
4. Date of birth:	Nation	ality: (as stated on	passport)	
5. Languages: (mother tongue)		r languages you can s	peak/write)	
6. Academic record Name of Institution		Y	ears of Attendance	
Tertiary		From	То	
Diploma / degree gained				
Theological College				
		From	To	
Qualification(s) gained	ge(s) to post a ce	rtified transcript of your gr	rades without delay.)	
Field of service since graduation, including both secular employment and positions in the church. Please give details, including type of work and dates.				
				

8.	Please indicate how you are planning to study:
Fι	all-time, Part-time, in residence living off-campus classes by extension
9.	State your reasons for wishing to enter the Bachelor of Divinity at PTC.
10.	What are your special interests and hobbies?
11.	If married, wife/husband's name
	Date of birth Nationality
	Wife/husband's educational and professional qualifications
12.	(If wife/husband wishes to undertake Diploma, BD or MTh studies at PTC, a separate form should be completed.) List clearly the names and dates of birth of children who will reside with you at PTC:
	(Enclose birth certificates and school reports as appropriate.)
Sig	nature: Date: