

# INSTITUTE OF THEOLOGY AND MISSIONS ENUGU

## CHRIST CHURCH COMPOUND

UWANI-ENUGU

P.O Box 434 Enugu – Nigeria

*Motto: Learning at the feet of Jesus*



**AFFIX  
ONE PASSPORT  
PHOTOGRAPH**

**(Enclose two  
others)**

### ADMISSION FORM

#### FOR A THREE YEAR DIPLOMA IN THEOLOGY

1. NAMES (*Surname First*) .....

2. ADDRESS:

A. Residential: .....

.....

B. Phone(s) .....

E-Mail .....

C. Office/Business. ....

.....

3. PERSONAL DATA. (Please tick where appropriate)

A. Date of Birth (or Age). ....

B. Sex: Male ☐ Female ☐

C. Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

D. If married, No of Children: .....

E. Occupation/Present Position. ....

4. SCHOOLS ATTENDED AND CERTIFICATES OBTAINED

Name of School	Certificate Obtained	Date

5. (a) Denomination.....

(b) Date of birth.....

## 6. CHRISTIAN EXPERIENCE.

A. Briefly describe your Christian experience. (Please use extra sheets as much as desired)

-----  
-----

B. What position have you held in the church or in other Christian groups?

-----  
-----  
-----

C. Give the names and addresses of two **ordained** ministers who would be willing to give information on your Christian experience.(one of them must be the pastor of the church where you worship/ fellowship. The ministers must sign against their names.

1. -----  
-----

Phone ----- E-Mail -----

2. -----

Phone ----- E-Mail -----

7. (1) Why Do You Desire Theological Education?-----

-----  
-----

(2) Which programme are you interested in?

-----  
-----

8. Who Will Sponsor Your Training? Self ☐ Parents ☐ Church ☐ Others ☐

## 9. Declaration

I ----- testify under God that the information given above is true.

-----  
Candidate Signature and Date

10. -----  
Dean of Students

-----  
Dean of Academics

11. -----  
Registrar

12. -----  
Rector

# INSTITUTE OF THEOLOGY AND MISSIONS ENUGU

## CHRIST CHURCH COMPOUND

UWANI-ENUGU

P.O Box 434 Enugu – Nigeria

*Motto: Learning at the feet of Jesus*



**AFFIX  
ONE PASSPORT  
PHOTOGRAPH**

(Enclose two others)

### ADMISSION FORM

#### FOR CHURCH TEACHERS' PROGRAMME CERTIFICATE IN THEOLOGY

1. NAMES (*Surname First*) -----

2. ADDRESS:

A. Residential: -----

-----

B. Phone(s) -----

C. E-Mail -----

D. Office/Business. -----

-----

3. PERSONAL DATA. (Please tick where appropriate)

A. Date of Birth (or Age). -----

D. Sex: Male ☐ Female ☐

E. Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

E. If married, No of Children: -----

F. Present Position. -----

4. SCHOOLS ATTENDED AND CERTIFICATES OBTAINED

Name of School	Certificate Obtained	Date

5. (a) Archdeaconry -----

(b) Name of your Archdeacon-----

**6. CHRISTIAN EXPERIENCE.**

A. Briefly describe your Christian experience. (Please use extra sheets as much as desired)

-----  
-----

B. Who employed you as a Church Teacher?

-----

When (Date) -----

C. Give the names and addresses of two ordained ministers who would be willing to give information on your Christian experience.(one of them must be the pastor of the church where you worship/ fellowship. The ministers must sign against their names.

1. Name -----

Phone (s) ----- E-Mail -----

2. Name-----

Phone (s) ----- E-Mail -----

7. (1) Why is it necessary for you to undergo Theological Education?

-----  
-----

8. Who Will Sponsor Your Training? Self ☐ Parents ☐ Church ☐ Others ☐

9. **Declaration**

I ----- testify under God that the information given above is true.

-----  
Candidate Signature and Date

10. -----  
Dean of Students

-----  
Dean of Academics

11. -----  
Registrar

12. -----  
Rector