



Ghana Baptist University College

Private Mail Bag, Kumasi

GRADUATE PROGRAMME

MASTER OF ARTS IN MINISTRY (MAM)

APPLICATION FOR ADMISSION

FORM A

IMPORTANT NOTICE: Candidates are required to send two completed forms with the following requirements:

- i. Copies of certificates
- ii. Two passport-sized photographs affixed to the two completed forms.

Affix one endorsed passport sized photograph here and clip the two endorsed ones on the form

Personal Information

Full Name: _____ Age: _____ Gender: _____
(Surname) (Other Names)

Date of Birth: _____ Place of Birth _____

Nationality: _____

Mailing Address: _____

Tel: _____ Residence: _____

Phone: _____ E-mail address: _____

Marital Status: Married: _____ Single: Divorced:

If married, full name of spouse: _____

Number of children/dependents: _____

Employment Information: _____

<i>Year</i>	<i>Employer</i>	<i>Type of work</i>	<i>Position or Rank</i>
From ____ to ____	_____	_____	_____
From ____ to ____	_____	_____	_____
From ____ to ____	_____	_____	_____
From ____ to ____	_____	_____	_____

Financial Information

If admitted, who will finance your studies?

Self: Employer: Other: (Specify) _____

Academic Information

List in a chronological order all Post-Secondary institutions attended.

Name of Institution	Location	Year of Completion	Qualification Obtained
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____

Programme for which application is being submitted MAM

Recommendations

Submit recommendations from the following:

- Current Employer (*If any*)
- Academic Mentor
- Local Church
- Spouse if Married

List the names of persons you have asked to complete your recommendation forms.

Name	Relationship	Address
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

In a brief statement, explain why you wish to pursue the MAM programme, and how this might enhance your work/ministry in the future.

I _____ hereby certify that the information I have
(Full name of applicant)
provided is accurate in every detail.

Signature of Applicant: _____ Date: _____

NB: Return the completed Application Forms and all relevant documents to:

***The Registrar
Ghana Baptist University College
Private Mail Bag, Kumasi.
TEL: 0322080195, 0322050030***

FOR OFFICE USE ONLY

Application Fee (GHC): Receipt No.:

Received and Acknowledge by: Date:

Applicant Admitted? Yes [] No []

Programme Admitted to:
.....

Signature of Officer: Date:



GHANA BAPTIST UNIVERSITY COLLEGE

SCHOOL OF THEOLOGY AND MINISTRY

Private Mail Bag, Kumasi

ACADEMIC RECOMMENDATION FORM FOR GRADUATE PROGRAMME

Form B

Mr/Mrs/Miss _____ has applied for admission to the Ghana Baptist University College to be trained for the ministry. He/she has given your name as a person who knows him/her well. Please give us the following information about him/her. This information will be kept strictly confidential.

1. How long have you known the applicant? _____
2. How are you related to him/her? _____
3. Please rate the applicant in the following areas:

	Excellent	Very Good	Good	Poor	Do not Know
Capacity to do graduate work					
Moral behaviour (Honesty and integrity)					
Creativity & Initiative					
Emotional Stability					
Capacity for independent work					
Relationship with others					
Leadership Ability					

1. Please give any other information that you feel would be helpful for the school to know about the applicant and his/her family better _____

2. If you can recommend this person as qualified to be admitted as a student of the university please check the box that appropriately registers your recommendation: Highly recommend Recommend Not Recommend
3. If you cannot recommend this person, please explain on the back of this paper.

Your name: _____ Occupation: _____

Your address: _____

Signature: _____ Date: _____

Send this completed form to the following address:

The Registrar
Ghana Baptist University College
Private Mail Bag
Kumasi



GHANA BAPTIST UNIVERSITY COLLEGE

SCHOOL OF THEOLOGY AND MINISTRY

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MEDICAL FORM FOR GRADUATE PROGRAMME

FORM C

Important: Please go to a qualified medical doctor in a public hospital/clinic for a physical examination and the necessary tests for him/her to complete this medical form. Ask the doctor to give you the reports on any tests that he/she makes. This form is not valid unless it bears the stamp of the hospital/clinic and the doctor's name and signature.

A. STUDENT'S PERSONAL INFORMATION (To be completed by student)

1. Surname: Rev/Mr./Mrs./Ms. _____
2. Other Names (in full) _____
3. Date of Birth: _____ Age: _____ Sex: _____
4. Tel. No.: Residence _____ Office _____ Mobile: _____

B. MEDICAL DOCTORS INFORMATION (To be completed by medical doctor)

5. Medical Doctor's Name: _____
6. Tel. No.: Residence _____ Office _____ Mobile: _____
7. Name and Address of Hospital/Clinic: _____
_____ Tel: _____

Please Check	Results	Comments
Blood Pressure		
Chest X-ray		
Sickle cell		
Eyes		
Teeth		
Hearing		
Blood type		
Hepatitis		
Other (please specify)		

Comments: _____

Medical Doctor's name, signature and stamp

Send this completed form to the following address:

The Registrar
Ghana Baptist University College
Private Mail Bag
Kumasi



GHANA BAPTIST UNIVERSITY COLLEGE

SCHOOL OF THEOLOGY AND MINISTRY
Private Mail Bag, Kumasi

CHURCH RECOMMENDATION FORM

FORM D

APPLICANT INFORMATION (to be filled in by the applicant)

1. Name of applicant _____
(Surname) (First) (Second)
 2. Marital Status: Married Single Divorced
 3. Name and address of Church _____
 4. Name and address of Pastor _____
-

CHURCH INFORMATION (to be filled in by church officer)

1. How long has the applicant been a member of your church? _____
2. Please rate the applicant in the following areas:

	Excellent	Very Good	Good	Poor	Do Not Know
Evidence of Christian conversation					
Moral behaviour					
Honesty and integrity					
Emotional Stability					
Leadership ability					
Ability to teach					
Ability to preach					
Commitment to church work					
Ability to work with others					

1. What spiritual gifts has the applicant demonstrated in your church? _____
 2. What financial support will you provide the applicant while he/she is in training?
(including monthly support, transportation to and from school. etc) _____
 3. Do you promise to notify the authorities of the University if you discover that the applicant has disqualified himself/herself for ministry through some immoral or dishonest behaviour in your church or community?
-

We, the officers, affirm by our signatures that the above information is to the best of our knowledge true and complete. We further acknowledge that the church in business session; or the appropriate church or committee, recommends the applicant for training.

Pastor _____ Church Secretary _____

Signature _____ Date _____ Signature _____ Date _____

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SPOUSE'S CONSENT FORM

FORM E

- Name of applicant _____
(Surname) (First) (Second)
- Spouse's Name _____
(Surname) (First) (Second)
- Mailing Address _____

- Date and place of birth _____
- Nationality _____
- Mother tongue _____
- Other language _____

FAMILY LIFE

- Type of marriage registration: Civil Ordinance None Date _____
- Have you ever been divorced? _____ If "yes" please explain on a separate sheet.
- Names and ages of children
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

CHURCH INFORMATION

- How did you become Christian? _____
- What church do you now attend? _____
- What work do you do in the church? _____
- Are you convinced that your spouse is called to Christian ministry? Yes No If Yes,
Will you give your encouragement and support to that calling? Yes No

EDUCATIONAL INFORMATION

- List all your educational qualifications: _____

CERTIFICATION

I hereby certify, before the Lord, that the above information is true and complete. I understand that any false information given will annul my spouse's application.

Signature: _____

Date: _____

Send this completed form to the:

**The Registrar
Ghana Baptist University College
Private Mail Bag
Kumasi**