



REQUEST FOR APPLICATION FORM

Name: _____ Date of Birth (DD/MM/YY): _____

Address: _____

Phone: _____ Email: _____

Name of Spouse: _____ Date of Birth (DD/MM/YY): _____

Names of Children (4 children are permitted on campus. Contact the BTSZ office for policy exceptions.)

1. Name _____ Age _____ Grade _____

2. Name _____ Age _____ Grade _____

3. Name _____ Age _____ Grade _____

4. Name _____ Age _____ Grade _____

Requested Programme of Study (Bachelor of Theology or Diploma of Theology)

Self: _____ Full-time or Part-time: _____

Spouse: _____ Full-time or Part-time: _____

Submit originals of all necessary academic records. For academic qualifications, see letter to applicant.

English proficiency in speaking, reading, and writing is required.

Are you able to attend an on-campus interview at your own expense? Yes _____ No _____

Are you and your family able to abide by the rules and regulations of the Seminary? Yes _____ No _____

Are you able to pay your student fees before the beginning of each term? Yes _____ No _____

Are you and your spouse active baptized members of a local church? Yes _____ No _____

How do you plan to meet your financial needs while attending Seminary? Please give details:

Please provide the information of the persons listed below:

Pastor or Church Chairman: _____ Phone: _____

Mailing Address: _____

Associational Chairman: _____ Phone: _____

Mailing Address: _____

I/We have read the above conditions and agree to abide by the policies and regulations of the Seminary.

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Upon receipt of the K20 fee and this form, you will receive the full application document. If you have any questions, please call our BTSZ office at 0966639625. Return this form by hand or post to:

**The Registrar
Baptist Theological Seminary of Zambia
P. O. Box 320034 Woodlands
Lusaka, Zambia 15701**

Recruiter Information: _____