



ESWATINI COLLEGE OF THEOLOGY

APPLICATION FOR ADMISSION FOR THE ACADEMIC YEAR _____

The Academic Dean
Eswatini College of Theology
P.O. Box 2207, Mbabane
admissions@eswatinicollegeoftheology.org

Tick Type of Programme applied for

On Campus Off Campus Online

GENERAL INFORMATION

Name _____
Last First Middle

Present Address _____ Effective Until _____

Email Address _____

Date of Birth _____ Male _____ Female _____ Primary Language _____

Country _____ Citizen of _____ Phone _____ Fax Number _____

Marital Status _____ Permanent Address _____ Country _____

ACADEMIC RECORD

List below all colleges, bible colleges, universities, seminaries or other undergraduate or graduated institutions you have attended. The applicant must request a transcript of grades from each institution you have attended. Forms are enclosed for this purpose

1. _____
(Name of School) (Address) (Years attended)

(Major area of Study) Certificate, Diploma, Degree earned

2. _____
(Name of School) (Address) (Years attended)

(Major area of Study) Certificate, Diploma, Degree earned

3. _____
(Name of School) (Address) (Years attended)

(Major area of Study) Certificate, Diploma, Degree earned

How long have you been born-again Christian according to John 3: 1-7? _____

Eswatini College of Theology Graduate Studies Application Form –Page 1 of 3

P O BOX 2207|MBABANE, H100 FARM 64|50 MANTENGA DRIVE |Phone: (+268) 24161734 / 78146527 | Email: admissions@eswatinicollegeoftheology.org

CHRISTIAN BACKGROUND

Have you received the Holy Spirit according to Acts 2:4? _____

Church You attend: _____ City _____

Denomination _____

Name of the Pastor _____ Do you attend regularly? _____ Are you a Member _____

PERSONAL REFERENCE

Each applicant is requested to secure TWO personal references as part of the application for postgraduate admission. An Academic Reference is to be from a professor with whom you took courses in your major field of study. A Ministerial Reference is to be from the pastor of the church you attend. If you are a minister, your reference must come from a denominational leader. List below the names of the persons who will submit references on your behalf.

ACADEMIC REFERENCE

_____	_____
(Name)	(Title or Position)
_____	_____
(Address)	(Country)
_____	_____
(Mobile telephone)	(Fixed Telephone)

MINISTERIAL REFERENCE

_____	_____
(Name)	(Title or Position)
_____	_____
(Address)	(Country)
_____	_____
(Mobile telephone)	(Fixed Telephone)

EMERGENCY CONTACT

_____	_____
(Name)	(Title or Position)
_____	_____
(Address)	(Country)
_____	_____
(Mobile telephone)	(Fixed Telephone)

Indicate with an X for the Course you desire to pursue (The Master of Arts programs run between 18 to 24 months and normally include a thesis).

	x		x		x
Master of Arts in Intercultural Studies		Master of Arts in Christian Leadership		Master of Arts in Community Psychology	

APPLICATION FEES (All applicants are STRICTLY required to DEPOSIT a non-refundable application fee of E450.00 to the following bank account.

ACCOUNT HOLDER: ESWATINI COLLEGE OF THEOLOGY
 BANK: STANDARD BANK-ESWATINI
 BRANCH NAME: MBABANE BRANCH
 BRANCH CODE: 663164
 SWIFT NO: SBICSZMX
 ACCOUNT NUMBER: 9110001182725
 REFERENCE: STUDENT NAME

NOTE: Applicants are advised that deposit slips for registration fees should be attached to the actual forms sent to the ECT Academic Dean’s Office email(admissions@eswatinicollegeoftheology.org).