



Gambia Theological College
P.O. Box 5475. Brikama.
The Gambia West Africa.
www.elctg.org
Email: gtc@elctg.org

For office use only

Application No: GTC.....

This form should be completed in the candidate's own handwriting and sent with:-
1. Photocopy of birth certificate or sworn declaration of age
2. Photocopies of certificate(s) of all examinations passed
3. Photocopy of Testimonial

Received by
.....
Date
.....

State here Diploma or Certificate sought
.....
.....

- Please underline whether applying for : **Regular Candidate Student** or **Mature student**

SECTION A – APPLICANT’S BACKGROUND

1. Name.....
..... (Print) Surname First Name Other Names
2. Sex.....Nationality.....
3. Date of Birth.....
 Day Month Year
4. Place of Birth.....Town
 Dist. /Province Country
5. Marital Status: Married/Single, Divorced/Widowed (delete if not applicable)
6. Correspondence Address * (a) Telephone No.....

 Contact Address.....
 (b) Permanent Address if different from above

SECTION B – EDUCATIONAL BACKGROUND

7. (a) School(s) attended

Name of School	Date		Class or Form Attained
	From	To	

***Please ensure that you give your telephone number as requested above**

SECTION C : 8. Examination/s taken

(a) GCE ‘O’ Level/School Certificate or WASSCE subjects passed in order of dates taken. State even where you failed the subject(s)

Date	Subject	Examining Body	Centre/Exam No.	Grade earned

(b) GCE ‘A’ Level subjects passed in order of dates taken. (State even where you failed the subject(s))

Date	Subject	Examining Body	Centre/Exam No.	Grade earned

9. Employment since leaving school:

Names of Employer	Date	
	From	To

SECTION D

10 (a) Proposed diploma /certificate programme sought. If you have more than one choice please state in order of preference

1.
2.
3.

SECTION E

11. (a) Have you applied to this College on a previous occasion? Yes No

(b) If yes, what was the result?

.....

12. (a) Have you applied or do you intend to apply to any other theological College for admission? Yes or No

(b) If yes, give the name or names of the theological Colleges applied to

- 1.....
- 2.....
- 3.....

13. What extra-curricular activities do you participate in

SECTION F - SPONSORSHIP

14. Please give the name and address of the person, organization or institution that will be responsible for your fees here

.....

(Attach evidence if available)

SECTION G - DECLARATION

15. I.....hereby declare that I wish to enter The Gambia Theological College: That the information given in this form is to the best of my knowledge and belief true and correct.

.....
Signature of Applicant Date

IMPORTANT NOTE

- 1. Check to see that every question is fully answered
- 2. Any applicant discovered to have given false information will be disqualified
- 3. Notify the Registrar immediately of any change of your address

SECTION H

16. (A)

FROM: Registrar
TO: Academic affairs department
Candidate is Acceptable/Not Acceptable (delete as required)
Signature.....
Date.....

(b)

FROM: Provost / Principal of School
TO: Office of Academic Affairs
(1) Candidate is accepted/ placed on waiting list/
rejected.....
(2) Comments if
any.....
.....
Signature.....
Date.....

(c)

Office of Academic Affairs

Letter of Offer/ Rejection/ Request to take Matriculation sent on

.....

Comments.....

Signature..... Date.....

Office of Academic Affairs

Letter of Offer/ Rejection/ Request to take Matriculation sent on

.....

Comments.....

Signature..... Date.....

NOTE; Candidates must find out from the registrar of the college through gtc@elctg.org

Admission Number if applicant is admitted :.....