

JAMAICA THEOLOGICAL SEMINARY

P.O. Box 121, 14-18 West Avenue, Kingston 8

<u>admissions@jts.edu.jm</u> <u>www.jts.edu.jm</u> 969 8211, 969 8803, 925 7358, 619 1244 Attach a Recent Passport size Photograph Here

GRADUATE STUDIES Application Form

A non-refundable processing fee of JA\$2000.00 or US\$18 must accompany this application

Please complete this form in BLOCK capitals

Name:	Surname	First Name	Other Name
Address:			
Telephone No:			
	Home	Work	Cellular
Tax Registration	on Number (TRN):		
Email Address	:	5	Date: of Birth
Marital Status:	Single () Married ()	Divorced () Widowed () Sepa	rated() 7. Sex: M() F(
Spouse's Name	e:		
. Number of Chi	ldren		
Name, Telepho	one No. of next of kin	to be contracted in the event of	an emergency:
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13. Place of worship:
14. What local congregation are you a member of?
 15. In addition to completing this form you are required to submit the following completed JTS forms: Proof of Qualification, including transcript A reference (Pastoral, Professional or Academic) Pastoral is compulsory for MA in Bible Health Report A photo Identification An Identification (copy of passport (photo page), driver's licence, national ID) Copy of Marriage/Divorced certificate (female)
Please provide information concerning your Christian conversion, and involvement in your church if applicable. (Optional for JTS Graduates)

Signature March 8, 208