



JAMAICA THEOLOGICAL SEMINARY

P.O. Box 121, 14-16 West Avenue, Constant Spring, Kingston 8, Jamaica W.I.

Telephone: 969-8803, 969-8211, 969-1226, 612-1244 (Digicel); FAX: 925-9129

E-MAIL: admissions@jts.edu.jm , WEBSITE www.jts.edu.jm

APPLICATION FOR ADMISSION

INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS OF THIS FORM
Answer ALL sections in **BLOCK CAPITALS...NO SCRIPT WRITING PLEASE**
One (1) recent passport size photograph should accompany this form.
Attach all supporting documents (eg. Transcripts, CXC/GCE passes etc.)
A non-refundable processing fee of JA\$2000.00 or US\$18 must accompany this application.

**Affix
Recent
Passport Sized
Photograph**

(Selection of campus)

- KINGSTON
- ST. VINCENT & THE GRENADINES
- ST. LUCIA ONLINE
- OTHER _____

SECTION A: PERSONAL DATA [Please write in capital Letters]

1 LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME (IF APPLICABLE)	DATE OF BIRTH (DD/MM/YY)	GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other	NATIONALITY TRN:	EMAIL ADDRESS

7. Do you have any disability? No Yes (please specify) _____

8 MOBILE NUMBER	HOME NUMBER	WORK NUMBER
9 PERMANENT ADDRESS	10 MAILING ADDRESS (if different)	

11 LAST NAME (NEXT OF KIN)	FIRST NAME	RELATION	TELEPHONE NUMBER
LAST NAME (IN CASE OF EMERGENCY)	FIRST NAME	RELATION	TELEPHONE NUMBER

PRESENT EMPLOYER	NUMBER OF YEARS IN CURRENT EMPLOYMENT	CURRENT POSITION/JOB TITLE
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SECTION B: PROGRAMME/SEMESTER/STUDY OPTION

12 PROGRAMME FOR WHICH YOU ARE APPLYING

CHOOSE A MAJOR

- Bachelor of Social Work BA Social & Professional Transformation BA Guidance & Counselling
 BA Music & Media BA Biblical Studies BASc Computer Information Technology
 BA Theology BASc Business Administration BA Public Relations

CHOOSE A MINOR (OPTIONAL)

- Leadership and Ministry Guidance and Counselling Social Work Theology Music and Media
 Social and Professional Transformation Biblical Studies

OR

- BA General Studies Emphasis: Biblical and Theological Studies or Guidance and Counselling
 BA Applied Behavior Analysis: Health Services Track or Special Education Track
 Certificate in Leadership & Ministry
 Assoc. Degree in Leadership & Ministry
 Certificate in Music Fundamentals
 Associate in Graphic Design

13 Preferred Mode of Study

- Full time (Face to Face)
 Part time (Face to Face)
 Online (Blended)

14 State the semester and year you intend to commence your programme

- August 20 (____)
 January 20 (____)

15. Have you previously attended JTS ? No Yes (From _____ to _____) Programme _____

16a. Do you have Internet access? No Yes 16b. If yes. Home Work Other _____

SECTION C: EDUCATION BACKGROUND

TERTIARY INSTITUTION ATTENDED	COURSE/ PROGRAMME SUCCESSFULLY COMPLETED	AWARDED	YEAR	RESULT
SECONDARY INSTITUTION ATTENDED	SUBJECTS TAKEN		YEAR	RESULT

SECTION D: CHURCH AFFILIATION

19. Are you a Christian? Yes No

20. Are you a member of a church or religious group? Yes No

21. Local Church/Religious Affiliation: _____ How long have you been attending: _____

Name of Pastor/Leader: _____ Contact No.: _____

SECTION E: SOURCE OF FUNDING

<p>What is your source of funding?</p> <p><input type="checkbox"/> Scholarship/Grant/Bursary</p> <p><input type="checkbox"/> Personal</p> <p><input type="checkbox"/> Family</p> <p><input type="checkbox"/> Student Loan Bureau</p> <p><input type="checkbox"/> Commercial Loan</p> <p><input type="checkbox"/> Other _____</p>	<p>If receiving sponsorship/Grant/Bursary:</p> <p>a. Organization: _____</p> <p>b. Authorizing Personnel: _____</p> <p>c. Position: _____</p> <p>d. Telephone #: _____</p> <p>e. Level of Sponsorship: Complete <input type="checkbox"/> Partial <input type="checkbox"/> (Amount) \$ _____</p>
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You will be required to submit proof of your ability to cover your tuition fees. If you indicate that someone else as your source of funding, you will be required to submit the documents listed below as proof of her/his ability to finance your tuition. If your sponsor is an organization/company we will require a letter from the entity indicating the amount(s) they are committing to pay on your behalf and the date by which this will be done.

- Proof of ability to pay is evinced by the following three required documents:
- Pay slips for last three (3) months
 - Bank statements from their respective financial institution that would best show your ability to pay.
 - Job letter to prove employment and its duration.

FINANCIAL POLICY

I understand that:

1. For any given term, fees are due in full at registration. Registration is not complete until all outstanding balances and the fees for the current term are paid.
2. Exceptions to this policy are made only upon submission of request to the Accounts Department, within the time specified, and at the discretion of the Administration. When exceptions are made a fee is applied.
3. The Seminary reserves the right to ask students with unmet financial obligation to desist from attending classes.
4. Failure to meet the financial obligations results in deregistration.

I, _____ understand and agree to abide by this financial policy.

NAME: _____ SIGNATURE: _____

DATE: _____

22. Where/How did you hear about JTS? Newspaper Radio T.V. Church
 Website Personal Contact Other (please specify) _____

23. Will you be requiring housing on campus Yes No

SECTION F: REFERENCES

Please submit relevant two completed reference forms of the following persons:

- (a) Your **current** Minister of Religion or Justice of the Peace,
- (b) An academic advisor or lecturer/tutor,
- (c) Employer or professional colleague (if applicable).

Persons applying for BA Theology Minor Leadership and Ministry must submit the Pastoral Reference and one other.

SECTION G: DECLARATION

1. My signature certifies that I have read, understood and agreed to the terms and conditions of this application and further agree to abide by the policies, rules and regulations of the institution.
2. I understand that withholding information requested or falsification of information given may result in disciplinary action or make me ineligible for admission and enrolment.
3. I also understand that the Seminary reserves the right to suspend or dismiss any student at anytime for disciplinary misconduct or when such action is deemed to be in the best interest of the student and student body.

 APPLICANT'S SIGNATURE

 DATE

FOR OFFICIAL USE ONLY

Decision: Full Acceptance Denied
 Provisional Acceptance Outstanding Requirements: _____

Number of Transfer Credits: _____ Institution from which credits are transferred _____

 Admissions Committee Chairperson

 Signature

 Date

 Admissions Committee Representative

 Signature

 Date