



# LEMA THEOLOGICAL SEMINARY

## ADMISSIONS APPLICATION FORM

### PERSONAL DATA

Name of Applicant: \_\_\_\_\_

Gender of Applicant (Choose one): Male \_\_\_\_\_ Female \_\_\_\_\_

Residential Address of Applicant: \_\_\_\_\_

Town/LGA \_\_\_\_\_ / \_\_\_\_\_

State of Origin \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Village Address of Applicant, if different from residence: \_\_\_\_\_

Town/LGA \_\_\_\_\_ / \_\_\_\_\_

State of Origin \_\_\_\_\_

Marital Status (Check one): Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Name of Spouse, if married \_\_\_\_\_

Phone Number of Spouse \_\_\_\_\_ Email of Spouse \_\_\_\_\_

Emergency Contact person (If different from spouse) \_\_\_\_\_

Relationship \_\_\_\_\_

Tel # of Emergency Contact \_\_\_\_\_ Email \_\_\_\_\_

### **CHURCH INFORMATION**

Name of Church where you are a member \_\_\_\_\_

Location of Church \_\_\_\_\_

Position in Church \_\_\_\_\_

Does your church belong to a denomination? ( ) Yes ( ) No

If Yes, which denomination? \_\_\_\_\_

### **PROGRAMME OF INTEREST (Choose only one which applies to you)**

( ) Certificate in Christian Leadership-CCL (1 year Full Time \_\_\_\_\_ 2 years Part Time \_\_\_\_\_)

( ) Diploma in Pastoral Ministry DipPM (2 years Full Time \_\_\_\_\_ 3 years Part Time \_\_\_\_\_)

( ) Diploma in Missions DipM (2 years Full Time \_\_\_\_\_ 3 years Part Time \_\_\_\_\_)

( ) Bachelor of Ministry- BM (4 years Full Time \_\_\_\_\_ 5 years Part Time \_\_\_\_\_)

( ) Bachelor of Theology- B.Th. (4 years Full Time \_\_\_\_\_ 5 years Part Time \_\_\_\_\_)

( ) Bachelor of Divinity - BDiv. (4 years Full Time \_\_\_\_\_ 5 years Part Time \_\_\_\_\_)

( ) Master of Divinity- MDiv. (3 years Full Time \_\_\_\_\_ 5 years Part Time \_\_\_\_\_)

### **EDUCATIONAL BACKGROUND**

Primary School Attended \_\_\_\_\_

Secondary School Attended \_\_\_\_\_

Did you complete Secondary School? Yes ( ) No ( )

If Yes, attach Certificate/Testimonial

Higher Schools Completed (Please attach Certificates) \_\_\_\_\_

---

---

---

Information provided here are for office use only. By signing below the Applicant affirms that every information provided here are true. Also, by signing here the Applicant agrees to submit himself or herself to Godly authority and to pursue his or her studies with diligence, honoring God and acting in integrity, with openness to the leading of the Holy Spirit and a heart inclined to learning.

Name of Applicant \_\_\_\_\_

Signature of  
Applicant \_\_\_\_\_

Date \_\_\_\_\_

Please, submit your signed copy of the application by email to [admissions@lemaseminary.net](mailto:admissions@lemaseminary.net)  
or Visit the Admissions/Registrars Office,

LEMA Theological Seminary  
Ofekata, Orodo, Mbaitoli  
Imo State