

REQUEST FOR APPLICATION FORM

Name:	Date of Birth (DD/MM/YY):
Address:	
	Email:
	Date of Birth (DD/MM/YY):
Names of Children (4 childre	n are permitted on campus. Contact the BTSZ office for policy exceptions.)
	AgeGrade
2. Name	AgeGrade
3. Name	AgeGrade
4. Name	AgeGrade
	dy (Bachelor of Theology or Diploma of Theology)
Self:	Full-time, Part-time or Online:
Spouse:	Full-time, Part-time or Online:
English p	sary academic records. For academic qualifications, see letter to applicant. roficiency in speaking, reading, and writing is required. unpus interview at your own expense? YesNo
	· · · · · · · · · · · · · · · · · · ·
	to abide by the rules and regulations of the Seminary? YesNo ent fees before the beginning of each term? YesNo
Are you and your spouse active	baptized members of a local church? Yes No
	financial needs while attending Seminary? Please give details:
Please provide the information Pastor or Church Chairman: Mailing Address	on of the persons listed below: Phone:
	Phone:
Mailing Address:	
	ditions and agree to abide by the policies and regulations of the Seminary.
Signature:	Date:
Spouse Signature:	Date:
	and this form, you will receive the full application document. If you have BTSZ office at 0966639625. Return this form by hand or email to: inary of Zambia
Recrui	ter Information: