



# GLOBAL THEOLOGICAL SEMINARY

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## ADMISSION FORM

### CERTIFICATE IN BIBLICAL COUNSELLING

#### 1. PERSONAL DETAILS

Titles: Mr./Mrs./Miss/Ms/Rev./Dr./Eng./Esq. (Please tick as applicable)

Surname (Last name) .....

Other names.....

Date & Place of Birth..... Gender:

Male

Female

Nationality: ..... Telephone:..... GPS: .....

Postal Address.....

Email Address.....

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed (Please tick as applicable)

#### 2. EDUCATION/QUALIFICATION

☐ Degree

☐ WASSCE/ SSSCE

☐ BECE

☐ Others

If others specify .....

#### 3. RELIGIOUS BACKGROUND

Affiliation: .....

Role if any: .....

#### 4. SPONSORSHIP (Please tick as applicable)

a. Self ☐

b. Others ☐

b. Name and address Sponsor (s) (if applicable )

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5. **ENCLOSURES:** Enclose all the following: Completed application form, application fee of One Hundred Ghana Cedis (GH¢ 100.00), photocopies of result slips and certificates, two recent passport-size photographs (**one of the photographs must be endorsed at the back by a referee**)

6. **DECLARATION BY APPLICANT:** I.....the undersigned applicant, declare that the information supplied in this form is true and accurate to the best of my knowledge and belief.

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

7. **ENDORSEMENT:** The form should be endorsed by your Pastor or Religious Leader who would be willing to give confidential reference in support of your application.

I ..... testify that the applicant .....is well known to me and that all the information he/she has provided on this form are, to the best of my knowledge, true.

Name: .....

Position: .....

Address: .....

Telephone number ..... Date .....

Signature/Official Stamp: .....

8. **COMPLETED FORMS SHOULD BE SENT TO**

The programmes coordinator  
Global Theological Seminary  
PMB 3AF, Adenta, Accra.

**Email:**programmecoordinator@gts.edu.gh

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**FOR OFFICE USE ONLY**

Date received: .....

Checked by: .....

Recommendation: .....