

ONLINE THEOLOGICAL COLLEGE INTERNATIONAL

ONLINE ADMISSION FORM

PASSPORT

1. Name of the student _____
2. Residential address _____
3. Postal address _____
4. Email address _____
5. Face book name _____
6. Church denomination _____
7. Phone numbers _____ (20 _____)
8. Sex _____ age _____ colour _____
9. Nationality _____ state of origin _____
10. Town _____ Tribe _____ Local Govt _____
11. Next of kin _____
12. Phone numbers of next of kin _____ (2) _____
13. Name of your clergy _____
14. Address of your clergy _____
15. Phone numbers of your clergy _____ (2) _____
16. Programmes Applied
 - a. Certificate program - once year
 - b. Diploma program - two years
 - c. Bachelor degree program - four years
 - d. Post graduate programs MA 18months DD 36months

17. FOUR CERTIFICATES ACQUIRED

SN	PROGRAMMES	CERTIFICATE	YEARS	SCHOOLS
1.				
2.				
3.				
4.				
5.				
6.				

18. Certificate, diploma or degree of interest _____
19. Course applied _____

20. Country of residence _____
21. Occupation _____
22. Title held _____
23. Specific area of calling _____
24. Date of enrolment _____ place of _____

INFORMATION: SCAN THIS FORM AND SEND IT TO THE DIRECTOR OF PROGRAMS ONLINE THEOLOGICAL COLLEGE INTERNATIONAL. YOU CAN SCAN AND SEND IT BACK TO US THROUGH THE FOLLOWING EMAILS:

1. Oletheco@outlook.com
2. academicletters@outlook.com

All payments shall be made through our bank as stipulated below

- a. **BANK - FCMB**
- b. **ACCOUNT NAME - EL THEOLOGICAL COLLEGE**
- c. **ACCOUNT NUMBER - 1234169012**

You should immediately notify us after your payment.

Student's Signature _____

Date of enrolment _____

Let us know if you have any difficulty in your payment or in exchange of monetary transaction.

-The management-