



**HUGH GOLDIE LAY/THEOLOGICAL TRAINING INSTITUTION,**

*(In Affiliation with ABIA STATE UNIVERSITY, UTURU)*

**P. O. BOX 107, AROCHUKWU, ABIA STATE, NIGERIA.**

Email: [hglttia@gmail.com](mailto:hglttia@gmail.com)



No.

**POSTGRADUATE APPLICATION FORM**

Passport  
of the  
Applicant  
*(Red Background)*

**Available Programmes:**

1) **POSTGRADUATE DIPLOMA IN THEOLOGY** – A course for degree holders which offers relevant theological/pastoral knowledge for Christian ministry.

*DURATION – Full-Time: 4 Semesters (2 Sessions).*

*Part-Time (Sandwich/Summer Programme): 3 Years.*

2) **MASTER OF THEOLOGY (MTh)** – A higher degree for ministers and others.

*DURATION – At least 2 Sessions of 12 months each (only offered on full-time).*

*Total of at least 24 months.*

*QUALIFICATION – At least a Bachelor's Degree in Theology or related area.*

3) **MASTER OF DIVINITY (MDiv)** – *(Currently not available)*



**SECTION A**

1. **FULL NAME: Mr/Mrs/Miss/Dr.** .....  
(Surname) (Other Names)

2. **FORMER NAME/MAIDEN NAME (If any):** .....  
(Surname) (Other Names)

3. **MAILING ADDRESS:** .....  
.....

4. **PERMANENT HOME ADDRESS:** .....  
.....

5. **GSM NO:** .....

6. **SEX: (Please tick the appropriate box)**  Male  Female

7. **MARITAL STATUS: (Please tick the appropriate box)**  
 Single  Married  Widowed  Divorced

8. **DATE OF BIRTH:** .....  
(Day) (Month) (Year)

**9. NATIONALITY:** .....

**10. PLACE OF ORIGIN:** Town/Village ..... LGA ..... State .....

**11. THE PERSON TO CONTACT IN CASE OF EMERGENCY**

Name: .....

Relationship: .....

Address: .....

Phone: .....

**SECTION B**

**12. EDUCATIONAL AND PROFESSIONAL RECORDS** – Including Secondary Schools attended  
*(Please request the appropriate authority of your former University to supply direct to this University your Transcript or a statement of your academic record for the period of your stay at that University)*

<b>Name and Address of Institution</b>	<b>Years Attended From - To</b>	<b>Degree/Diploma or Certificates Obtained</b>	<b>Special Fields of Study</b>
(a) Secondary Schools			
(b) Universities			
(c) Any Other			

*(Please enclose photocopies of all your credentials, including your NYSC Discharge/Exemption Certificate)*

**13. ACADEMIC DISTINCTIONS AND PRIZES:**

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....

**14. EMPLOYMENT SINCE LEAVING COLLEGE/UNIVERSITY WITH DATES**

S/N	ORGANISATION	FROM	TO
i.			
ii.			
iii.			
iv.			

**15. WHAT POSTGRADUATE DEGREE OF THIS INSTITUTION DO YOU INTEND TO TAKE?**

(Please indicate)  PGD  MTh  MDiv

- i. For master in theology (MTh); Area of Specialization: Old Testament, New Testament, Church & Society, Church History, Missiology, Ecclesiology, Others (*specify*).....

**SECTION C**

**SUPPLY THE NAMES OF THREE REFEREES** (*at least one of them should be a person who has taught you during your undergraduate of graduate programme*)

	Name	Position	Present Address & Phone No.
i)	_____	_____	_____
ii)	_____	_____	_____
iii)	_____	_____	_____

**DECLARATION BY APPLICANT**

I, ....., hereby declare that the particulars which I have supplied above are to the best of my knowledge and belief.

.....  
*Signature*

.....  
*Date*

**POSTGRADUATE SCHOOL**

**REFEREE'S CONFIDENTIAL REPORT ON A CANDIDATE FOR POSTGRADUATE ADMISSION  
20..... AT HUGH GOLDIE LAY/THEOLOGICAL TRAINING INSTITUTION, AROCHUKWU.**

The candidate whose name is given below wishes to undertake Postgraduate study in this Institution. The Institution will be grateful for your comments on the candidate's suitability for this programme. Your comments will be regarded as confidential information. Please return the completed form direct to the Registrar of the Institution.

**SECTION I**

*(To be completed by the candidate)*

- 1. **Candidate's name:** .....  
(Surname in block letters) (Other names)
- 2. **Address:** .....
- 3. **Programme in view:** .....
- 4. **Area of Specialization:** .....
- 5. **Former University/Institution:** .....
- 6. **Qualifications** (*Specify the subjects, class of Degree or Diploma and year*): .....

**SECTION II**

*(To be completed by the Referee, preferably a senior officer or a lecturer in a recognised higher institution)*

- 7. **For how long and in what capacity have you known the candidate** e.g. as his/her teacher at undergraduate or graduate level? .....
- 8. **Please comment on the candidate's suitability to undertake this academic programme bearing in mind the following: intellectual ability, capacity for persistent and independent academic study, ability for imaginative thought.**  
.....
- 9. **Please indicate briefly whether you consider the candidate adequate in oral and written expression in the English language to enable him cope with the needs of his/her research in an English-speaking Institution:** .....

**10. Please rank the candidate academically among the students you have known**

*(Underline whichever applies)*

**Top 10%/Top 25%/Average/Lower 25%/Lowest 10%**

**11. Please comment on the candidate’s personality (bearing in mind the following: moral character, emotional and physical ability and Christian life):** .....

.....  
.....  
.....

**12. If this applicant were applying in your Faculty or Department, would you be willing to accept him/her as a research student?** .....

**13. As a person well known to you, if the situation arises, will you be able to assist the candidate in settling issues connected with his/her studies?** .....

**14. Comment freely on the candidate:** .....

.....  
.....

**Name of Referee:** .....

**Rank or Position of Referee:** .....

**Address:** .....

.....

**Signature and Date:** .....

**SECTION III**

**FOR OFFICIAL USE ONLY**

I certify that the above named student has satisfied the conditions for admission in accordance with the affiliation regulations of Abia State University, Uturu and Hugh Goldie Lay/Theological Training Institution, Arochukwu.

Sign: .....  
Dean of Student’s Affairs ..... Date

Sign: .....  
Dean of Academics ..... Date

Sign: .....  
Registrar ..... Date