

EAST AFRICAN BIBLE COLLEGE AND SEMINARY



P.O BOX 2672
 MBEYA TZ
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 : +255(0)627 401 012
 : +255(0)714 636 124
 Email: eabcstz@gmail.com
 Website: www.eabcs.ac.tz

APPLICATION FOR ADMISSION

1 (A) Please tick one course for which admission is sought for awards:

(Certificate, Diploma, Bachelor and Master Programmes are accredited with Tanzania Commission For Universities (TCU), The National Council for Technical Education (NACTE) and for international schools, Colleges and Universities of Asia – Africa Theological Association – AATA)

COURSE	CERTIFICATE	DIPLOMA	BACHELOR	MASTERS	REMARKS
DIVINITY					
THEOLOGY					
MINISTRY					
CHRISTIAN LEADERSHIP					
PASTORAL COUNSELING AND PSYCHOLOGY					
TEND MY SHEEP					
HUMANITY					
REVIVAL AFFAIRS					
COMMUNITY DEVELOPMENT					
EARLY CHILDHOOD EDUCATION					
PRIMARY EDUCATION					

(B) PERSONAL INFORMATION

- 2 Full name:
- 3 Sex: Male Female:
- 4 Date of Birth.....
- 5 Physical Address : P.O. Box
- Email:.....
- Mobile/WhatsApp number:
- 6 Marital status : Married Unmarried Divorced Engaged
- 7 Academic information: Please give information about all your previous academic achievement

ATTACH YOUR RECENT PHOTOGRAPH HERE

LEVEL OF EDUCATION	PRIMARY	O-LEVEL	A-LEVEL	CERTIFICATE	DIPLOMA	DEGREE	POSTGRADUATE
TICK							
YEAR OF COMPLETION							

***You are required to attach the relevant academic documents of your background information as filled in the number six (6).**

8. Christian experience and church affiliation

- i. Have you received Christ as your personal saviour? YES NO WHEN
- ii. Have you received believers' baptism YES NO WHEN
- iii. Are you a member of any church? YES NO For how long?
- iv. Which denomination do you belong to?
- v. Have you served in any leadership role in the church/Ministry or any Christian organization?
YES NO , If YES explain.....

9. Language speaking/Reading/Writing:

- i. Mother tongue
- ii. Other languages

10. FEE STRUCTURE

SN	DETAILS	DIRECT FEE(TZS/ USD)	INDIRECT FEE(TZS/USD)	OTHER FEE(TZS/USD)	TOTAL
1.	CERTIFICATE	150,000 (70 \$)	300,000 (136\$)		450,000 (205\$)
2.	DIPLOMA	200,000 (91\$)	300,000 (136\$)		500,000 (227\$)
3.	BACHELOR DEGREE WITH PROJECT REPORT	350,000 (160\$)	300,000 (136\$)		650,000 (295\$)
4.	BACHELOR DEGREE WITHOUT PROJECT REPORT	300,000 (136\$)	300,000 (136\$)		600,000 (273\$)
5.	MASTER WITHOUT THESIS	500,000 (227\$)	300,000 (136\$)		800,000 (363\$)
6.	MASTER WITH THESIS	880,000 (400\$)	300,000 (136\$)		1,180,000 (536\$)
7.	APPLICATION FOR ADMISSION FORM	20,000 (10\$)	-	-	20,000 (10\$)
8.	ID CARD	10,000 (5\$)	-	-	10,000 (5\$)
9.	STUDENTS ORGANIZATION	20,000 (10\$)	-	-	20,000 (10\$)

GRADUATION FEE

PROGRAMS	Gown	Mall/ Cover	Booklet	Newsletter
- CERTIFICATE & DIPLOMA	30,000 (15\$)	40,000 (20\$)	10,000 (5\$)	10,000 (5\$)
- BACHELOR DEGREE	50,000 (23\$)	40,000 (20\$)	10,000 (5\$)	10,000 (5\$)
- MASTER DEGREE	60,000 (27\$)	40,000 (20\$)	10,000 (5\$)	10,000 (5\$)

11. Appendix Authorization and sponsorship declaration.

This declaration must be completed by the SPONSOR who PAY the Tuition fee on behalf of an applicant/Student for his/her family membership that can be recognized as a fully or partial sponsor. This application is submitted by the applicant/student him/her self.

Please note! I am aware of the fact that if this declaration is not based on the truth, this may have consequences for the right of studying with the EABCS/ E- College.

i. Details of the sponsor (Personal) write in block letters:

Name.....Other names.....Sex Male Female

ii.Name of the Organization (Sponsor).....

Address:.....WhatsApp no.....

Email:.....Contact Person/Position.....

Commitment of payment by the SPONSOR should not exceed four installments (Please state).....

Date:

Signature:

Official stamp:

APPLICANT/STUDENT DECLARATION

I declare that all the above information is accurate and true to the best of my knowledge. I understand that any false and misleading information given above may lead to disqualification for admission or summary dismissal and that acceptance to EABCS is subject to verification of final records from all institutions I have attended. If admitted, I agree to observe all regulations and standards of the college and maintain a high standard of Christian conduct on or off campus.

Date:

Signature:

EAST AFRICAN BIBLE COLLEGE AND SEMINARY

DIRECTORATE, SCHOOL OF POSTGRADUATE STUDIES

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APPLICATION FORM FOR ADMISSION INTO DOCTOR OF PHILOSOPHY PROGRAMMES (PhD PROGRAMMES)

1. Applicants are required to submit ONE COPY of this application form
2. Certified copies of certificates and their associated transcripts must be attached to and submitted with the completed form. Certificates obtained from foreign Institutions must be submitted to the Tanzania Commission for Universities (TCU) for verification, the same should be attached during the application process. Any application not accompanied by these documents will neither be processed nor acknowledged.
3. The copy of the filled in application form and the indicated attachments should be returned directly to any nearby EABCS/E-College regional/coordinating centre: Alternatively, the package can be sent by mail to: Director, school of Postgraduate Studies, the East African Bible College and Seminary, P. O. Box 2672, Mbeya, TANZANIA or by email as ONE PDF FILE to: postgraduate.admission@eabcs.co.tz. Or through College WhatsApp numbers.
4. Applicants are required to pay an application fee of **30,000** Tanzanian Shillings for Tanzanian citizens or **30 USD** for international applicants.
 - Local applicants should visit any nearest EABCS/E-College regional centre to obtain a control number which will enable them to make payments.
 - International applicants should pay their fees through the EABCS/E-College Tanzania, Forex Account, CRDB Bank, Swift Code, CORUTZTZ, Mbeya Branch, Account Number, 01J2466369400.

SECTION A: TO BE COMPLETED BY THE APPLICANT

Fill in spaces provided and tick appropriate box

1. Surname (Block Letters) _____
2. OtherName _____

3. Present Address _____
4. Date of Birth _____
5. Country of Birth _____
6. Nationality _____
7. Citizenship _____
8. Telephone / _____ E-mail _____
9. Sex: Male Female
10. Marital Status: Single Married
11. Present Employer: _____
12. Employed as: _____
13. Financial Sponsor: _____

14. Programmes offered under different faculties are as indicated below, please tick appropriate box

I. FACULTY OF THEOLOGY, ARTS, CLINICAL PASTORAL EDUCATION AND SOCIAL SCIENCES

PROGRAMME					
Doctor of Philosophy (PhD)					
in:					
Education	Law		Pastoral Counseling and Psychology	Theology	
Community Development	Social Work		Political Science & Public Administration,	Business Management	
Missiology	Divinity		Christian Leadership	Humanities	
(Any other)					

15. **Educational background and other professional qualifications (Start with the most recent award)**

Title of Award	Specialization	Name of Institution	Date Obtained	GPA	Duration (Years)

16. Form four index number (if applicable) __

17. Form six index number (if applicable)___

18. **Professional and/or Employment Experience**

Name of Organization	Duration of Employment	Title or Position held	Job Description

19. You may propose name(s) and provide contacts of potential supervisors to your research (also attach their CVs).

Proposed

supervisors:(i)Name:

Address: _____

Telephone(s) no. (s):

Email address(s):

(ii) Name:

T

e

Telephone(s) no.(s): _____ Email address: _____

20. Name two persons who are prepared to be your referees as a potential postgraduate student in your respective field of study.

(i) Name: _____

Address: _____

Telephone(s) no.(s): _____ Email address(s) _____

(ii) Name: _____

Address: _____

Telephone(s) no.(s): _____

Email address(s) _____

Signature of applicant: _____ Date: _____

SECTION B: TO BE COMPLETE BY THE EMPLOYER AND/OR SPONSOR

(To be filled even if the employer is not sponsoring the applicant)

21. Has the applicant been confirmed in his/her employment? YES/NO

22. How long has the applicant been in service? _____

23. If the applicant gains admission, will you release him/her for studies? YES/NO

24. If the applicant gains admission, will you support him/her financially? YES/NO

25. Any other remarks: _____

26. Signature of employer/sponsor: _____ Date: _____

SECTION C: GUIDELINES FOR PREPARATION OF A CONCEPT NOTE/PROPOSAL FOR REGISTRATION TO a Ph.D. DEGREE

1.0 TITLE: The applicant should give a clear title of the research topic, which will be the basis for deciding on the Faculty in which the research will be conducted and guiding the faculty on the search for supervisor(s).

STATEMENT OF A RESEARCH PROBLEM AND LITERATURE REVIEW

A Brief Statement of the Research Problem. Under this heading the applicant should outline the research problem, giving the background to it, and its significance.

Brief Literature Review. The applicant should also give a brief review presenting the principal literature on the problem area i.e. what has been done on the research problem. He/she should list the preliminary references cited in the text of the statement or tentative research proposal. Authors names should be according to agreed conventions.

Research Objectives. The applicant should show the principal objectives of the intended research, outline what gaps of knowledge will be filled through the research, and what advances will be made when the research plan is executed. Provisional hypotheses should be presented, if already formulated.

Research Methodology. The applicant should briefly indicate the instruments to be used and methods to be adopted in carrying out research

Checklist (to be checked against by each applicant before submitting the form)

1. All personal data are filled in (postal address, email, phone number) ()
2. Names are written as they appear in secondary education certificate/ equivalent ()
3. All copies of **Certified academic certificates and their associated transcripts** are attached (i.e. form 4, form 6/equivalent, BA/adv. Dip, etc.) ()
4. Transcripts are placed next to their attendant certificates ()
5. Attachments to the form are arranged in ascending order ()
6. The sought programme is ticked against ()
7. The mode of study is indicated ()
8. A concept note is attached (for those who intend to study by thesis mode) ()
9. The form is signed ()

Sign here to prove that you have fulfilled the requirement of each element in this list

Date: _____

SECTION D: FOR OFFICIAL USE

(To be filled by a Postgraduate Admission Officer)

1. The form is dully filled in: YES/NO_____
2. The checklist is adhered by YES/NO____
3. Name of a receiving officer: _____
4. Signature of a receiving officer: _____ Date_____
5. Comments _____

(To be filled by a Relevant Academic Staff at the University College)

6. The applicant qualifies for admission into the programme sought: YES/NO
7. If the answer to item 6 is No, give reasons _____
8. Provide names and contacts of the recommended supervisor(s) (i.e. their institutions, postal addresses, emails and phone numbers)
 - i. _____

 - ii. _____

8. Comments(if any)

9. Name of the academic staff in question:_____
10. Designation of the Academic staff in question: _____
11. Signature: _____ Date _____