



KULP THEOLOGICAL SEMINARY KWARHI

(AFFILIATED TO UNIVERSITY OF JOS)

P.M.B 1 MUBI, ADAMAWA STATE, NIGERIA

APPLICATION FORM FOR ADMISSIONS INTO THE BACHELOR OF ARTS IN CHRISTIAN RELIGIOUS STUDIES (BACRS; FULL TIME & PART TIME), DIPLOMA IN CHRISTIAN RELIGIOUS STUDIES (DCRS), POSTGRADUATE DIPLOMA IN THEOLOGY (PGDTH), MASTERS OF DIVINITY (MDIV), AND MASTERS IN THEOLOGY (MTH),

FEE: NON-REFUNDABLE

MTH/MDIV: ₦20,000

PGDTH: ₦15,000

BA CRS/PBA CRS ₦8,000.00

SUBMISSION DATE: **Before the end of January 2026**

DCRS ₦7000.00

ENTRANCE EXAMINATION: 14th February 2026

TICK APPROPRIATELY: FOUR (4) YEARS BACRS THREE (3) YEARS BACRS (DE) SIX (6) YEARS PBACRS FOUR & A HALF (4 ½) YEARS PBACRS (DE) THREE (3) YEARS DCRS ONE (1) YEAR PGDTH TWO (2) YEARS MDIV (WITH PGDTH CERT.) THREE YEARS MDIV (WITH BACHELOR OR HND) TWO (2) YEARS MTh

PERSONAL BIO-DATA:

Name.....

(Surname)

(First Name)

(Middle Name)

Date /Place of Birth.....Sex (M) (F) Tick Appropriately

Marital Status.....Name of Spouse.....

State of Origin.....L.G.A.....

Nationality.....

PERMANENT HOME ADDRESS.....

.....

CURRENT MAILING ADDRESS.....

.....

Phone No./ Email Address.....

SCHOOL ATTENDED WITH DATES AND CERTIFICATES OBTAINED

Name of Institution	From	To	Certificate Obtained

***Photocopies of all credentials MUST be attached when submitting this form.**

CHURCH AFFILIATION

Name of Denomination.....

Title/ Position.....

Name and address of three (3) Referees, one of whom must be your home pastor/DCC secretary.

(a).....

.....

(b).....

.....

(c).....

.....

ATTESTATION LETTER: The candidate must submit Three Referees’ confidential letters (Two must be from your LCC Pastor and DCC Secretary) sealed together with the application form to the Office of the Academic Dean of KTS attesting to the following about the candidate: - Christian Commitment, Academic ability, Relationship to Church, Willingness to work, Submission to authority, and Physical fitness.

SPONSORSHIP AGREEMENT

This section shall be completed by a Principal Officer of the Church, such as the President, General Secretary, Vice President, or administrative Secretary.

The..... Shall/Shall not (Delete appropriate) take full financial responsibility/sponsor the bearer.

Name.....Signature/Stamp.....

DECLARATION:

I..... confirmed that The information supplied on this form is true, complete, and accurate. No information requested has been omitted. Therefore, I consent that anything falsely given shall lead to my disqualification/dismissal from the College.

Applicant's Name.....Sign.....Date.....

Account Name: Kulp Bible College

Zenith Bank,

Account Number: 1012017194

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Dr. Kanadi Dauda Gava

Registrar