



# THE EPISCOPAL UNIVERSITY

**KAJO-KEJI CHRISTIAN COLLEGE - CAMPUS  
KAJO-KEJI COUNTY, SOUTH SUDAN**

**Faculties of Theology, Education, Business Administration & ICT**

**P. O. BOX 110, JUBA, SOUTH SUDAN**

**Website: [www.kcuc.info](http://www.kcuc.info)**

THE COLLEGE PRINCIPAL - Tel: +256 788601973, email: [principal@kajokeji.anglican.org](mailto:principal@kajokeji.anglican.org)

ACADEMIC DEAN - Tel: +256 770511889, email: [academicdean@kajokeji.anglican.org](mailto:academicdean@kajokeji.anglican.org)



**Attach a  
current  
passport  
photograph**

## OFFICE OF THE ACADEMIC DEAN

### APPLICATION FOR ADMISSION INTO TEU (KCC-CAMPUS) FOR ACADEMIC YEAR 2019/2020

#### Note:

- Copies of post-secondary certificates, other qualifications, assessment of age and nationality certificate should be attached.
- All academic records in a language other than English **MUST** be accompanied by a certified English translation.
- The selection letter for admission for those who qualify is provisional. It does not give the applicant entitlement to a place at the College. It is subject to satisfactory confirmation or verification by this office according to instructions set in it.
- All information required on this form is important. Please make sure you fill out everything clearly in **CAPITAL** letters.
- Students applying for theology programs need to attach copies of their baptism, confirmation and marriage (if married) certificates.

<b>BACHELOR PROGRAMMES</b>	<b>Tick</b>
Theology	
<b>DIPLOMA PROGRAMMES</b>	<b>Tick</b>
Theology	
Business Administration (Distance Learning)	
Information and Communications Technology	
<b>CERTIFICATE PROGRAMMES</b>	<b>Tick</b>
Theology	
In-service teacher education (Grade III)	
Business Administration (Distance Learning)	
Information and Communications Technology	

**SECTION 1: PERSONAL INFORMATION**

- 1.1 Name in full (Use name on academic documents)  
Dr./Rev./Mr./Miss/Mrs.: .....
- 1.2 Gender:  Male  Female
- 1.3 Date of Birth: ...../...../.....
- 1.4 Nationality: .....
- 1.5 Country of Residence: .....  
County/District: ..... Payam/County: .....  
Boma/Sub-County.....  
If in the refugee settlement: Zone: ..... Camp: .....
- 1.6 Religious Affiliation: ..... Diocese: .....  
Parish: .....
- 1.7 If Christian, state the denomination: .....
- 1.8 Marital status:  Married  Single
- 1.9 Name of spouse: ..... Type of marriage: .....  
No. of children, if married: ..... (Please attach a marriage certificate if available)
- 1.10 Disability if any (Attach medical documents where applicable):  
.....  
.....
- 1.11 Current mailing address:  
P.O. Box: ..... Town: .....  
Telephone Contact: .....  
Country..... E-mail: .....
- 1.12 Give names of a person in a responsible position from whom confidential information may be obtained about you if necessary  
Name: .....  
Address: .....  
Telephone Number: ..... E-mail: .....

## SECTION 2: EDUCATION BACKGROUND

2.1 Secondary schools and Colleges attended, and other qualifications (*Give Names, Dates and qualification*)

NAME OF SCHOOL/INSTITUTION	COURSE/PROGRAM	DURATION	DATE (from – to)	

2.2 Was there a strike in your school during your time?  Yes  No

If yes when.....

Positions of responsibility held (e.g. prefect, sports captain etc)

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

Sudan School Certificate/South Sudan Certificate of Secondary Education or its equivalent (UACE)

Year: ..... Index Number: .....

Examining Authority: .....

## SECTION 3: EMPLOYMENT RECORD

3.1 Places you worked in, title or position you held and the duration.

NAME OF EMPLOYER	TITLE OR POSITION	DURATION

3.2 State any relevant academic/professional qualifications or experience of the program being applied for.

.....  
 .....

**SECTION 4:**

**To be completed by an ordained Priest or Pastor or any other eminent Religious leader**

4.1 How long have you known the applicant?

4.2 .....  
.....

4.3 Please tick as appropriate:

Behavior/Character:     Excellent     Good     Satisfactory     Poor

Spiritual or Religious life:     Excellent     Good     Satisfactory     Poor

4.4 Please comment on any strengths and weaknesses of the applicant.

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

Name of Recommender: .....

Title: .....

Diocese/Church: ..... Telephone contact: .....

Signature: ..... Date: .....

**Official stamp (Church)**

**SECTION 5: DECLARATION**

- 5.1 Note that any candidate giving incorrect/incomplete information or submits forged/falsified documents, if discovered either at time of registration or afterwards commits a criminal offence. His/her admission shall automatically be cancelled and he/she shall be prosecuted under the South Sudan Courts of law
  
- 5.2 I have read, noted and understood the implication of giving incorrect or incomplete information. I do confirm that all the information given in this form is correct

**Signature of Applicant:** ..... **Date:** .....