



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



Better Tomorrow Begins Today

APPLICATION FORM

Read the instructions before completing this form,
Complete all appropriate sections in capital/block letters and return with
your non-refundable fee (see fee schedule) and other supporting
documents to the college you are applying to:

Renk Theological College, Bishop Gwynne College, Kajo-Keji Christian
College, Chaima Christian College, and Saint John College

All participating Colleges shall thereafter forward the application to The Episcopal University,
Office of Academic Affairs Secretary

P.O. Box 110 JUBA,
SOUTH SUDAN

Tel: +256 788 601973 or + 211 922 506022

E-mail: kccacademicdean@gmail.com **Web:** www.ecsssup.org

Please write in capital letters

APPLICATION PROCEDURE

1. Read the application form carefully before filling any information. Give detailed information.
2. Attach photocopies of all academic and professional certificates. If they are not in English send translated and certified copies. Non-English speakers must provide proof of competence in English.
3. **Attach two recent** colored passport size photographs
4. Send completed application form with a Bank Slip of SSP. 3,500 non-refundable application fees. (Cash payment NOT acceptable)

Diploma Programmes

1. Diploma in Ministerial Theology (Bishop Gwynne College and Kajo-Keji Christian College)
2. Diploma in Business Administration and Management (Kajo-Keji Christian College and Saint John College- Wau)
3. Diploma in Primary Education (Kajo-Keji Christian College)
4. Diploma in Development Studies (Chaima Christian College- Maridi)
5. Diploma in Agriculture (Chaima Christian College -Maridi)
6. Diploma in Information Communication Technology (ICT) & Journalism

Passport photos

Degree Programmes

1. Bachelor of Arts in Ministerial Theology (Bishop Gwynne College and Kajo-Keji CC)
2. Bachelor of Laws (Bishop Gwynne College)

NAME OF CAMPUS: _____

1. Bio-data

Name in full

First Name: _____ Middle Name: _____

Last Name: _____

Full Name As per the High School Certificate or its equivalence						
Title	Mr.	Mrs.	Dr.	Gender	Male	Female

Date of birth		Nationality		ID/Passport	
State		County		Payam	
Marital status	Married/Single				

2. Permanent address

P.O.Box		E-mail	
Tell		Town	

3. Next of Kin

Name		Relationship	
Tell		Address	
P.O.Box		E-mail	

4. Educational Background

(a) Primary School Level

Name of Institution	From year	To Year	Certificate	Main grade

(b) Secondary School

Name of Institution	From Year	To Year	Certificate	Main grade

(c) High School

Name of Institution	From Year	To Year	Certificate	Main grade
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(d) Tertiary Level

Name of Institution	From year	To Year	Certificate	Award

3. Educational Plan/Program applying for

Program applied for	PhD	Masters	Degree	Diploma	Certificate	Foundation
Name of Program						
Intake	January	May	September			

Current Address

Postal Address _____ Code _____

City/Town _____ Country _____

Telephone (Home) _____ (Office) _____

Email _____ Mobile (Applicant) _____

4. Financing the studies

Please tick one appropriately	Parent/guardian	self-paying	Government	Other Scholarships
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N/B: Please provide the details for the sponsor below

Name	Job title	Telephone No.	Residential

5. Religious Affiliation

Denomination _____

Roman Catholic Anglican Hindu Muslim Others Specify _____

For Divine Applicants: Ordained To be Ordained

How did you learn about The Episcopal University?

() Newspaper () Family/friend () Church Announcement () University Prospectus
() TV () Website () Radio () Exhibition () any others (specify) _____

Why do you wish to study at The Episcopal University? (*Give brief account*)

8 Declarations

I hereby certify that the information provided in this application is correct and complete to the best of my knowledge, and hereby give my permission to the admissions office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcripts as requested in the instructions, and that transcripts become the property of The Episcopal University and will neither be forwarded to any other institution nor returned to me. I will include with this form; my application fee receipt and other documents as required in the application instruction

Name of the applicant

Applicant Signature Date

SIGN YOUR APPLICATION FORM BEFORE RETURNING IT TO THE EPISCOPAL UNIVERSITY.

9. APPLICATION CHECKLIST

1. Non-refundable application fee (SSP. 3,500 for Undergraduate program)
2. Duly filled and signed application form (please observe deadlines below).
3. Copies of all transcripts, Bachelors, Diplomas & Certificates.
4. Two (2) recent passport size photograph (write your name on reverse side)
5. Copy of national I.D/Passport.

10. ADDITIONAL REQUIREMENTS FOR INTERNATIONAL STUDENTS

1. An official translation of academic records (where language of study is not English)
2. A current financial guarantee letter
3. A completed immigration pass form (photocopy of visa in the passport)
5. Equation fee for the foreign certificate

Therefore, payment is to be made in electronic money transfer or bankers cheque payable to the Campus where studies would take place. Money once paid is not refundable except under special conditions. Payment can also be made to the campuses bank accounts as stipulated in the bank slip

11. REGISTRATION

Students should be registered for classes prior to the beginning of any semester to avoid irregularity of failure to attend 2/3 class attendance. As a new student, you will have time to meet with the College Academic Dean and/or Academic Affairs Secretary and complete registration procedures during the registration/orientation period.

ONLY DULY FILLED APPLICATION

APPLICATION NO:

APPLICATION FEES RECEIPT NO/CHEQUE NO.....

DATE: NAME:

SIGNATURE

LETTER OF CHURCH RECOMMENDATION (Only for theological students)

Name of Bishop/Priest:

Address:

Tel: E-mail:

Official Stamp

Please write a letter and indicate the following:

- 1) How you know about the applicant
- 2) Applicant's activities in the church
- 3) Why do you want The Episcopal University to train the applicant?
- 4) Applicant's physical and mental health
- 5) Applicant's financial support

- 6) What kind of support you offer the applicant while study at the Parish/Diocese
7) Please indicate any others information that the University should concentrate on to the applicant?

FOR OFFICIAL USE ONLY

Recommendation of departmental academic board: Recommended: Programme _____ Number of years () One () Two () Three () Four Not recommended: Reason _____ Referred to: _____ Head of department's Signature _____ Date _____ Endorse by Dean of Faculty _____ Dean's Signature _____ Admission Committee Decision _____ Approved: Programme _____ Number of years () One () Two () Three () Four Not approved: Reason _____
Endorsed by the College Principal Signature _____ Date _____
Action by Registrar/Academic Affairs Secretary Commend _____ Name _____ Signature _____ Date _____

The Episcopal University
RESERVES THE RIGHT OF ADMISSION
More information may be obtained from the Office of Secretary, Academic Affairs
The Episcopal University