

P. O Box 311

Gaborone, Botswana

Tel: +267 392 8439

Fax: +267 392 8305

Email: [ugsupport@abcbots.edu](mailto:ugsupport@abcbots.edu)

Physical Address: Sefoke Ward,  
Tlokweng, Plot 12141

# Assembly Bible College



For official Use Only

Student #: .....

Enrolment Type: .....

## Undergraduates Application Form

PLEASE TYPE OR PRINT IN INK. Answer all questions completely. Return this completed form together with the P250, non-refundable application fees. Do not include payment for academic fees, textbooks, or other fees with this application, instead "deposit all" fees into the College account then upload the receipts for proof of payment. (Name of Account: Assembly Bible College | Name of Bank: ABSA, Branch: Mall | Branch Number: 001 | Account#: 2714874 | Swift Code: BARCBWGX).

### PERSONAL INFORMATION

Gender and Family Status:  
(tick all appropriate boxes)

- Male     Single  
 Female     Engaged  
 Married  
 Divorced  
 Widowed

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Nationality: \_\_\_\_\_

National ID/Passport No.: \_\_\_\_\_

Phone/cell No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

Date of Birth (day/mo/yr): \_\_\_\_\_

Citizen of: \_\_\_\_\_

First Language: \_\_\_\_\_

### DENOMINATION

(tick only one)

- Pentecostal     Presbyterian  
 Evangelical  
 Protestant  
 Mainline     Others: \_\_\_\_\_

How did you learn of Assembly Bible College? \_\_\_\_\_

Why do you desire to further your study with Assembly Bible College? \_\_\_\_\_

### HEALTH INFORMATION (for on campus only)

Are you in good health?  Yes  No

Have you suffered from any serious or contagious diseases?  Yes  No

If so, what diseases? \_\_\_\_\_

**Please Note: You will need to present a report of a recent Doctor's physical exam.**

### ACADEMIC INFORMATION

School Name	Year	Year	Qualification Earned
	Enrolled	Finished	
_____	_____	_____	_____
_____	_____	_____	_____

### FINANCIAL INFORMATION

(To be completed by the Sponsor)

Names of Sponsor: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Sponsor's Signature

Date

### Mode of Programmes Delivery

- Full-Time (FT)     Part-time (PT)  
 Open Distance Learning (ODL)

**Should there be any document attached, please specify that by making a tick of the following accordingly. (Click to upload all documents specified)**

- National Identity  
 Passport  
 Transcripts  
 Reference  
 Certificates  
 Medical Aid (for inter. students)  
 Sponsorship Attestation  
 Application Fee  
 Others (specify) \_\_\_\_\_

**Note:** It is advisable that you include any transcripts from your previous tertiary Education Training Provider (ETP). This may reduce the number of modules you are required to take, and academic cost.

### Programmes Offered

- Certificate     BA Degrees  
 Diploma

### Official Use Only

- Regular Admission  
 Probationary Admission  
 Special Student Admission  
 Admission Denied (state reason): \_\_\_\_\_

If accepted as a student, I promise to respect the standards of Assembly Bible College (ABC) and to allow ABC to use my signature as affixed below on my Student ID card. I understand that the application fee is non-refundable after five days from submission of this form. I further understand that my completion of a diploma programme with ABC does not guarantee my acceptance for any position other than God's mission.

Applicant's Signature: \_\_\_\_\_

ABC Director's Signature: \_\_\_\_\_

Date (day/mo/yr) : \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Date (day/mo/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_\_