



THE EPISCOPAL UNIVERSITY  
South Sudan

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Bishop Gwynne School of Theology

**APPLICATION FORM**

**2024- 2025**

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**CLOSING DATE for applications is noon, Monday 2<sup>nd</sup> September 2024 at 12 noon.**

**APPLICATION PROCEDURE**

1. Read the application form carefully before filling in any information.
2. Complete all sections of the form that are relevant for you.
3. Attach photocopies of all academic and professional certificates. If they are not in English, send translated and certified copies.
4. Attach a copy of your ID or passport.
5. Attach two recent colored passport size photographs
6. Attach a receipt for the non-refundable application fee of SSP 25,000.
7. Submit the completed form and attachments to

The Academic Registrar – Theology  
The Episcopal University, Bishop Gwynne Campus Juba  
St James Parish Road, behind Pyramid Hotel  
Email [registrar-theology@teu.edu.ss](mailto:registrar-theology@teu.edu.ss) | Website [www.teu.edu.ss](http://www.teu.edu.ss)

**Please write in CAPITAL LETTERS.**

**1. BIO-DATA**

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

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Attach passport photos here.**

**Name used in secondary school:** \_\_\_\_\_

<b>Title</b>	Mr.	Mrs.	Ms.	Other (please specify)
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<b>Gender</b>	Male	Female
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**Date of birth**

\_\_\_\_\_

**Nationality**

\_\_\_\_\_

**ID / Passport Number**

\_\_\_\_\_

**Place of birth**

Payam

County

State

Country

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**2. PERMANENT ADDRESS**

P.O. Box

Town

Email address \*

Mobile number \*

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*\* Students **must** have an email address and a mobile phone number.*

**3. NEXT OF KIN**

Name

Relationship

Address | P.O.Box

Mobile number

Email address

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**4. EDUCATION**

**Primary School**

Name of school

From – to (years)

Certificate

Main grade

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## Secondary School

Name of school

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From – to (years)

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Certificate

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Main grade

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## Tertiary Education

Name of institution

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From – to (years)

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Qualification

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Award

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## 5. THE THEOLOGY PROGRAMME YOU ARE APPLYING FOR

*Please tick one.*

BA / FT	Diploma / FT	Certificate / FT	BA / PT	Diploma / PT	Certificate / PT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note: FT = Full-time programme PT = Part-time evening class programme

Do you wish to apply to be a residential student, with accommodation and food provided during semesters?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Please note:  
residential students will pay extra fees for accommodation.  
See the schedule of fees for 2024-25.

## 6. CURRENT ADDRESS

Postal address

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City / Town

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Country

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Email address \*

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Mobile number \*

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## 7. PAYING FOR YOUR STUDIES

How will you pay for your studies? Please tick one and complete as appropriate.

Parent	Self	Government	Church/Diocese	Other (please specify)

Please provide the details for the sponsor below if you are being sponsored:

Name of individual

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Name of organisation

---

Email address

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Mobile number

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## 8. RELIGIOUS AFFILIATION

### Religion

Christian	Muslim	Hindu	Other (please specify)

### Denomination (for Christian applicants)

Anglican	Roman Catholic	Other (please specify)

**CONTINUED OVER THE PAGE.**

**9. ABOUT YOUR REASON FOR APPLYING TO THE EPISCOPAL UNIVERSITY**

**Why have you chosen to study at The Episcopal University.**

**Why do you wish to study Theology?**

*Answer these questions in up to 300 words.*

**CONTINUED OVER THE PAGE.**

**Are you studying Theology in order to train for ordination or another form of licensed ministry in the Episcopal Church of South Sudan?**

Yes	No

**Name of the Diocese:** \_\_\_\_\_

**Name of the Bishop:** \_\_\_\_\_

**Bishop's email address** \_\_\_\_\_

**Bishop's mobile number** \_\_\_\_\_

**Please attach a letter of recommendation from your Bishop with this application.**

**How did you learn about The Episcopal University?**

***Please tick one.***

Newspaper	Family/friend	Church	TEU website	TV / Radio	Other

If other, please specify:

\_\_\_\_\_

**CONTINUED OVER THE PAGE.**



## 10. DECLARATIONS

I hereby certify that the information provided in this application is correct and complete to the best of my knowledge, and give my permission to The Episcopal University Registrar's 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.

I understand that the attached schedule of fees applies for the academic year 2024/25, and The Episcopal University reserves the right to raise fees from time to time.

Your name

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Your signature

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## 11. APPLICATION CHECKLIST

Make sure you have attached the following:

1. Receipt for the non-refundable application fee (SSP 25,000)
2. Completed and signed application form
3. Copies of transcript, and certificate from High School must be attached
4. Two (2) recent passport size photograph (write your name on reverse side)
5. Copy of National ID/Age Assessment/Passport
6. For ECSS ordinands, a letter of recommendation from parish and diocesan bishop

## 12. 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 if sponsored by government/Church/NGO
3. A completed immigration pass form (photocopy of visa in the passport)
4. Authenticated secondary school certificates

## 13. REGISTRATION

**Students MUST be present for registration by noon on Thursday 29 August 2024.**

**Residential students MUST arrive on campus on Wednesday 28 August 2024.**

**FOR OFFICIAL USE ONLY**

**Recommended by the Bishop Gwynne School of Theology:**

BA / FT	Diploma / FT	Certificate / FT	BA / PT	Diploma / PT	Certificate / PT

**Not recommended:**

Reason \_\_\_\_\_

Referred to: \_\_\_\_\_

**Academic Registrar – Theology**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dean of the School of Theology**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Episcopal University  
RESERVES THE RIGHT OF ADMISSION**

