

TANZANIA ASSEMBLIES OF GOD CENTRAL BIBLE COLLEGE



APPLICATION FORM FOR DEGREE PROGRAM

CENTRAL BIBLE COLLEGE
P. O. BOX 70
DODOMA – TANZANIA

Web site: tagcbc.ac.tz. E-mail: cbregistrar16@gmail.com

Dear Prospective Student!

Greetings in the Name of Jesus Christ!

We acknowledge receipt of your letter showing interest to attend your studies at the Tanzania Assemblies of God Central Bible College (TAG CB) - Dodoma. Welcome to join the growing number of students of CBC.

Here is some important information to observe before filling the application form.

1. Application (package) form has three main parts; Personal information, Recommendation form, and Medical Report form. Make sure all are filled properly by person concern.
2. Submit your Application form with two colour passport size pictures.
3. Application form must be submitted with non-refund application fees Tshs 30,000/=
4. Application form must be attached with School Certificates (O' Level, A level or equivalent).
5. Attach in your application form your personal testimony (not less than one page) about your salvation, the Baptism in the Holy Spirit, your call in the Ministry and your experience in Christian service.

Fees Structure for Degree Program

<i>Fees Structure</i>	<i>TAG Student</i>		<i>Non Student</i>	
	<i>(Amount in Tshs)</i>		<i>(Amount in Tshs)</i>	
Application fees	30,000.00		30,000.00	
Orientation fees	50,000.00		50,000.00	
Development fees	20,000.00		20,000.00	
Sub Total	100,000.00 (Paid only on admission day)		100,000.00 (Paid only on admission day)	
Tuition & Accommodation fees	500,000.00 per term	1,500,000.00 per year	600,000.00 per term	1,800,000.00 per year
Total	500,000.00 per term	1,500,000.00 per year	600,000.00 per term	1,800,000.00 per year

Note:

- International Applicants fees use the exchange rate of day to get the equivalent rate of your country
- Application fees, Orientation fees and Development fees are paid once for all the years student will study in the School.

Please pay all the money through College Bank Account provided below. We don't receive cash.

Account name: **Assemblies of God Bible College.**

Account number: **01J1081472400 CRDB Bank**

Thank you

APPLICATION FORM FOR DEGREE PROGRAM

For Official Only
Student's Registration Number

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Applicant's
Photo

SECTION 1: PERSONAL INFORMATION

1. Name _____

Last
First /Baptism
Middle
2. Addresses:
 - a. Residential _____
Tel: _____ E-mail: _____
 - b. Home: _____
Tel: _____ E-mail: _____
3. Place of birth: _____ Date of birth: _____
4. Nationality: _____ Tribe: _____ Male: _____ Female: _____
5. Marital status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____
6. If you are divorced or separated, is your wife /husband still living? Yes /No _____
7. Do you have a family to support? Yes /No _____
8. Do you have children? Yes? No _____ if yes, how many _____
9. Which local church do you belong to?
Church Name _____
Pastor's Name _____
Address: _____
10. If you are a Pastor, who is your Presbyter or Superior?
Name: _____
Position: _____
Address: _____

SECTION 2: HEALTH

11. Are you in good health? Yes /No _____
12. Have you ever suffered or do you suffer from any serious illness such as Mental Illness, TB, Epilepsy, Diabetes, Heart Trouble, etc? Yes /No _____
If Yes, Please explain _____
12. Do you have any Physical Disability? Yes /No _____ If Yes, Please explain _____

SECTION 3: EDUCATION

13. How many years have you spent in:
 - a. Primary School _____ years
 - b. Secondary School _____ years
 - c. Bible School _____ years
 - d. College or University _____ years

14. Which year do you wish to enrol? 20_____
15. What language do you speak fluently? _____ Indicate your ability in English by putting X to the appropriate space:
 (a) Spoken English: ____ Excellent ____ Good ____ Fair ____ Poor
 (b) Written English ____ Excellent ____ Good ____ Fair ____ Poor
16. State your secular work experience: _____

SECTION 4: MINISTRY

17. To which church denomination do you belong? _____
 How long? _____ Years.
18. Do you believe that God has called you to the Ministry? Yes /No _____
 If "Yes" Please Explain _____

19. What type of Ministerial Credential do you have and for how long?
 a. Christian Worker _____ For how many years _____
 b. Licensed Minister _____ for how many years _____
 c. Ordained Minister _____ for how many years _____
 d. Other (specify) _____
20. What Christian Ministries have you had and for how long?
 a. Pastor _____ For how many years _____
 b. Teacher _____ for how many years _____
 c. Evangelist _____ For how many years _____
 d. Church leader _____ for how many years _____
 e. Youth leader _____ for how many years _____
 f. Choir leader _____ for how many years _____
 g. Other (state it) _____
21. If accepted you must agree to the following:
 a. All students must obey the Rules of this College.
 b. The college Administration has the right to dismiss any student at any time in case of any misconduct.
 c. Both CBC and T.A.G. are not obligated to provide any Student or Graduate with employment.
 d. You will be completely responsible for the payment of your School fees at the opening of each term.
 e. If you have accepted, you will receive an admission letter.
22. Please! Enclose with this form, achieved certificates /transcripts or its equivalent from your previous, schools, colleges and Universities.

23. Certification:

"By my signature I certify that the answers I have given on this form are true. By the same I also agree to abide by the statements I have made herein".

Signature _____ Date _____

Tanzania Assemblies of God Central Bible College
P. o. Box 70, Dodoma - Tanzania
Mobile: (+ 255) 754 258 755/ 716 377 987/ Principal (+255) 754201541
E-mail: cbcregistrar16@gmail.com; Website: tagcbc.ac.tz.

Applicant's Name _____

Dear Pastor/Presbyter/District Bishop,

The person mentioned above has applied for admission for the **DEGREE PROGRAM** at our College. To assist us in determining his/her application we need some recommendation by the applicant's local pastor, Presbyter, Bishop, etc. Grateful, therefore, if you would kindly evaluate this applicant by filling in this form. Your honesty is absolutely essential in determining if the applicant will benefit from studies at TAG - CBC.

When you are through, pleased return this form **directly to the REGISTRAR** at the address given above. Thank you for your cooperation. Be assured also that your answer in this form will be kept confidential.

1. How long have you personally known the applicant as your church member, co-worker, and associate?
_____ Years _____ Month.
 2. Do you believe that this applicant is saved /born again? YES/NO _____
 3. Has he/she received **Water Baptism Immersion**? YES/ NO _____. If NO, please explain

 4. Has he/she received the Baptism in the Holy Spirit as in Acts 2:4? YES/NO _____
 5. Is he/she living holy and consistent Christian life? YES/NO _____
 6. Is he/she presently married? YES/NO _____ NOT SURE _____
 7. If he/she is married, are they living apart because of marital conflict? YES/NO _____
 8. Is he/she faithful in church attendance? YES/NO _____. In paying Tithes? YES/NO _____
 9. What types of ministry has he/she been involved in your church?
a. _____ b. _____ c. _____
d. _____ e. _____ f. _____
 10. What ministerial credentials does he/she have?
a. Christian Worker _____ b. Licensed _____ c. Ordination _____ d. Other _____
 11. Are you convinced that he/she has a CALL for the ministry? YES/NO _____
 12. Do you recommend that he/she should be accepted to join this College to pursue the course _____ he/she has applied for?
YES/NO _____ If NO, explain _____
 13. How do you think his/her school expenses at AGBC will be met?

 14. Do you know anything about the applicant which causes you to believe him/her?
(a) May not succeed at CBC YES/NO _____ MAY BE _____
(b) If you answered YES or MAY BE, please explain _____
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15. "I certify that I have answered the above questions to the best of my knowledge of this applicant."

Pastor's, presbyter's, Bishop's full name

Pastor's, presbyter's, Bishop's Signature

Address: _____

Official Rubber stamp:

Date

Name of Sectional Presbyter
(To be filled by Pastor)

Name of District Bishop
(To be filled by Pastor)

College Registrar

Date

THE UNITED REPUBLIC OF TANZANIA

REQUEST FOR MEDICAL EXAMINATION

FROM: - TANZANIA ASSEMBLIES OF GOD CENTRAL BIBLE COLLEGE

P. O. Box 70, DODOMA-TANZANIA

Mobile: (+ 255) 754 258 755/ 716 377 987/ Principal (+255) 754201541

E-mail: cbcregistrar16@gmail.com

To the Medical Officer:-

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Student's full name:

Please examine the above named as to his/her fitness for full time English / Diploma /Degree program.

The following categories are closely sited:-

- i) Eye sight
- ii) Hearing
- iii) Leprosy
- iv) Epilepsy
- v) T.B.
- vi) Diabetes
- vii) Neurosis
- viii) Heart trouble
- ix) Mental illness
- x) H. I. V /AIDS.....
- xi) Other serious diseases

MEDICAL CERTIFICATION:

(To be completed by a medical Officer)

I have examined the above named and consider that he /she is /is not physically /mentally fit for full time English /Diploma /Degree program.

Remarks:

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Date: 200.....

Signature:

Designation: