



**DOMINIONMISSIONTHEOLOGICAL  
UNIVERSITY, GLOBAL**

Tel +233 (0) 240 638 959  
+233 (0) 243 752 863  
[www.dmtuglobal.org](http://www.dmtuglobal.org)  
email: info@dmту.edu.gh

## STUDENT APPLICATION FORM

(Please complete this form in CAPITAL LETTERS)

### A. PERSONAL INFORMATION

Field	Details
Full Name	
Date of Birth	___ / ___ / ____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Nationality	
National ID / Passport No.	
County / Country of Residence	
Postal Address	
Mobile Number	
Email Address	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other
Religion / Denomination	

### B. ACADEMIC INFORMATION

Field	Details
Highest Level of Education	
Previous Institution Attended	
Year Completed	

Qualifications Obtained	
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### C. PROGRAMME OF STUDY

Field	Details
Course Applied For	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Ph.D.
Programme Name	
Mode of Study	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Online / Distance Learning
Intake / Year	
Campus (if applicable)	

### D. FEE PAYMENT INFORMATION (FOR ADMIN USE)

Field	Details
Admission Fee	_____ Ksh
Tuition Fee	_____ Ksh
Payment Mode	<input type="checkbox"/> Bank Deposit <input type="checkbox"/> Mpesa <input type="checkbox"/> Other:
Transaction / Receipt No.	
Date of Payment	___ / ___ / ___

### E. NEXT OF KIN / GUARDIAN INFORMATION

Field	Details
Full Name	
Relationship to Student	

Mobile Number	
Email Address	
Address	

**F. DECLARATION BY APPLICANT**

I, \_\_\_\_\_, hereby declare that the information provided in this application form is true and correct to the best of my knowledge. I understand that any false information may lead to disqualification or dismissal from the University.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR OFFICIAL USE ONLY (DMTU Admissions Office)**

Field	Details
Application No.	
Documents Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Admission Status	<input type="checkbox"/> Accepted <input type="checkbox"/> Pending <input type="checkbox"/> Rejected
Course Admitted To	
Admission Number	
Admissions Officer Name	
Signature	
Date	____ / ____ / ____