

STATEMENT OF SPONSORSHIP

Submit the form on registration day

This is to be completed by the sponsor, who will be responsible for the applicant's expenses. If applicant will pay own expenses, the applicant should complete it.

PART I: (To be completed by applicant)

Name of applicant _____ Adm. No _____

Citizenship _____ Date of birth ____/____/____

Applicant is enrolling for: Pre-University Diploma Undergraduate

Applicant intends to study: Full-time/Day/ Regular Part-time (Evening Classes) Weekend Modular

Signature _____ Date ____/____/____

PART II (To be completed by Sponsor/Parent/Guardian)

Name _____

Relationship to applicant _____

Address _____

Telephone (office) _____ (Home) _____

I/We are interested in sponsoring _____

at St. Paul's University for the period _____ to _____

Sponsorship will include: Tuition and Books Pocket Money Room and Board

Other Specify _____

I/We understand that all charges are payable on or before the first day of the semester and will undertake to make timely payments.

Signature _____ Date _____

(If sponsor is an organization please indicate name and position)

Name _____ Position _____

CERTIFICATE OF HEALTH
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This form to be completed and returned by the medical officer examining the applicant. **PART I (To be completed by the applicant)**

Name _____ Date of birth ____/____/____

Address _____ Sex: Female Male

In case of emergency, the following person(s) should be notified:

Name _____ Phone no. _____ Relationship to applicant _____

Telephone (office) _____ (Home) _____

Address _____ Code _____

MEDICAL HISTORY

Have you ever been admitted into hospital? Yes No

If yes, state reason for admission and date

Do you suffer from any physical disability? Yes No

If yes, please explain

Do you require any special diet? Yes No

If yes, specify? _____

Do you have a medical insurance cover? Yes No

If yes, state the terms of the cover: Inpatient Outpatient Both

Duration cover _____

Name of insurer? _____

Are there other relevant details of your medical history not covered by this page? Please give particulars.

Applicant's Signature _____ Date _____

PART II (To be completed by examining medical officer)

a. Height _____ Weight _____

b. Visual acuity

Without glasses R. 6/ L. 6/

With glasses R. 6/ L 6/

c. Hearing Right ear _____ Left ear _____

d. Condition of:

Teeth _____

Nose _____

Throat _____

e. Lymphatic glands _____

Circulatory system _____

Pulse _____

Blood Pressure _____

Respiratory system _____

f. Abdomen _____

Spleen _____

Any evidence of hernia _____

g. Any other observation of importance (e.g. physical or mental disabilities) _____

Signature of physician _____ Stamp

Address and qualifications _____

PASTORAL REFERENCE FORM
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Part I of this form should be completed by the applicant. The form should then be given to the Pastor or a Leader in the Christian ministry of which you are a part of to complete Part II. (The Pastor or Christian Leader should be someone who knows the applicant personally)

PART I (To be completed by applicant)

Name _____ ADM. NO _____

Present address _____ Code _____

Course applied for _____

I request that this recommendation be treated as confidential to the officers and faculty of St. Paul's University. I understand that it will be used solely for decision of my application for admission and this reference will not be made known to anyone else.

Signature of applicant _____ Date _____

PART II (To be completed by a Pastor/Christian Leader)

Applicants for the academic programmes offered by St. Paul's University are considered on the basis of their clear testimony, their present role in the Christian ministry and evident leadership ability that will enable them to utilize St. Paul's training effectively. Please complete this form carefully and honestly.

1. How long have you known the applicant?

- Less than 1 year 6 – 10 years
 1 – 5 years more than 10 years

2. How well do you know him/her?

- Just by name and sight
 Casually; have had some personal contact
 Fairly well; have had a number of personal contacts
 Very well; have had a close pastoral relationship with applicant

3. To the best of your knowledge, is the applicant a believer?

- Yes No I don't know

4. To what extent is the applicant engaged in the activities of your Church?

- Very irregular in attendance, little interest in activities
 Regular in attendance but seldom participates in activities
 Is cooperative and usually willing to help in church activities
 Enthusiastically engaged in church activities

5. How does he/she relate to others?

- | | |
|---|--|
| <input type="checkbox"/> outgoing | <input type="checkbox"/> moody |
| <input type="checkbox"/> shy | <input type="checkbox"/> Respected by others |
| <input type="checkbox"/> keeps to herself/herself | <input type="checkbox"/> I don't know |

6. Which of the following describes the abilities of the applicant?

performs well academically
public speaker/teacher
good in counselling and interpersonal relationships

Artistic
administrative skills

7. In your opinion, does the applicant possess any outstanding abilities or talents? Please describe

8. To your knowledge, does the applicant have behaviours that are contrary to the morals of your Church/Religion?

9. Please add any other comments that you would consider helpful in our considering this applicant for admission to St. Paul's. These might concern such topics as loyalty to the church, leadership abilities, concern for others, emotional stability to work with others.

10. Based on the knowledge of the applicant, will you recommend that we accept him/her for a course at St. Paul's?

Comments: _____

Name and Stamp _____

Address _____ Code _____

Telephone/Mobile _____ Email _____

Church _____

Your position _____