



Application Form

INSTRUCTIONS

1. Read through the instructions carefully before filling in
2. Provide accurate required information
3. Ensure you have paid the application fee of ZMW 100 by depositing it in the ACU account
4. To submit the form, ensure to attach a scanned copy of the deposit slip as proof of payment

Account Details

Bank: Standard Chartered

Name: African Christian University

Branch: North End

No: 0100526288802

Swift Code(ABN Code): SCBLZMLX

NB: Please note your application will not be considered if you do not attach the proof of payment

Please indicate Application Fee when depositing into our account

Application Requirements

1. Completed Undergraduate program in Theology or any other field
2. Special qualifications based on previous Christian ministry and/or minimum of three years of post diploma relevant work experience in a field related to Christian ministry.
3. Attach or submit all supporting certified documents
 - Certified copy of degree/diploma
 - Certified copy of NRC/Passport
4. 2 passport-sized photographs

Personal Information

Full Name:

Age: _____

Date of birth: _____

Sex:

Male

Female

NRC/Passport Number: _____

Nationality: _____

What language(s) do you speak

Marital Status:

Single

Married

Other: _____

How did you hear about African Christian University

Residential Address

Street:

Area:

City/Town/Village:

Province/State:

Country:

Contact information

Mobile Number (Cell phone number) {Start with country code} e.g. +260 9xx xxxxxx

Email address*: _____

Next of Kin

Name:

Relationship to applicant: _____

Address:

Mobile Number (Cell phone number) {Start with country code} e.g. +260 9xx xxxxxx

Email address: _____

Health Information:

Do you have any physical disabilities that you think ACU should know about?

Examples:

Mobility

Speech

Visual

Hearing

Have you had any major illnesses in the past that you think we need to know about?

Do you currently have any major illnesses that you think we need to know about? _____

Options

Yes

No

If yes, please give details -

Do you have any medical and/dietary needs that ACU should be aware of? _____

Options

Yes

No

If yes, please give details -

What church do you attend?

Address of church

Pastor's name:

Church/Pastor's phone number:

Church/Pastor's email address:

How many years of ministerial experience do you have, if any?

Degree Program Application Form

Thank you for completing step one of the application process to ACU! For the second step, we will contact you using the e-mail address that you have provided. We will require you to complete and submit the following documents:

Application Fee of ZMW 100

Academic Results

Completed Medical Form

Completed Sponsor Form

Completed Guardian Form (if under 18 years old)

2 Completed Character References from: One from Pastor/Elder of your church, and one from former school/teacher/lecturer

2 passport-size photographs

Any inquiries you may have may be directed to: **registrar@acu-zambia.com**

Thank you once again for applying to ACU!