

**ZOMBA THEOLOGICAL COLLEGE**  
**APPLICATION FORM FOR NON-RESIDENTIAL STUDENTS**

**A. PERSONAL INFORMATION**

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Names: \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Home Village: \_\_\_\_\_

T/A: \_\_\_\_\_ District: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

**B. EDUCATIONAL BACKGROUND**

Last School Attended: \_\_\_\_\_

MSCE credits in: \_\_\_\_\_

Other Qualifications: \_\_\_\_\_

*(Please attaché photocopies of your qualifications. Do not send originals as they will not be returned)*

**C. PERSONAL STATEMENT**

On a separate page, please state your reasons for studying at Zomba Theological College, however brief, and include this with the application.

**D. Name and Address of two Referees** *(one should be your church minister or pastor)*

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

***Please send completed form to:***

The Dean of Studies  
Zomba Theological College  
P.O. Box130  
Zomba  
**Malawi.**

***For further information contact us on***

*Telephone No: 2651524419*

*E-mail address: zombatc@malawi.net*

**Closing date for admission is 30<sup>th</sup> September**

***Have you included:***

- Statement of reason for studying at Zomba Theological College
  - Photocopies of your qualifications
  - Application fee of K500