



# St Joseph's Theological Institute NPC

(Company number 2003/009125/08 PBO number 930007111)

Registered with the Department of Higher Education and Training as a  
Private Higher Education Institution Under the Higher Education Act, 1997.  
Registration Certificate Number 2003/HE08/003

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Hilton, 3245  
Republic of South Africa  
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## PROGRAMME APPLIED FOR:

(Please indicate with X)

HC:Development (1 Yr.)	AC:Development (1 Yr.)	HC:Philosophy (1 Yr.)	AC:Philosophy (1 Yr.)	BA:Philosophy (3 Yrs)	BA:Theology (3 Yr.)	B:TH (4 Yrs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PERSONAL DETAILS

- Surname: \_\_\_\_\_
- Given Names :( as on official documents): \_\_\_\_\_
- Identity No. \_\_\_\_\_
- Passport No. \_\_\_\_\_
- Birth Date: \_\_\_\_\_
- Nationality: \_\_\_\_\_
- First Language: \_\_\_\_\_
- Other Languages Spoken: \_\_\_\_\_
- Religious Congregation/Diocese or Sponsor: \_\_\_\_\_
- Address: \_\_\_\_\_
- Tel. \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail \_\_\_\_\_

## EDUCATIONAL BACKGROUND

***Certified copies of all relevant educational records, and two (2) certified copies of passport bearing together with two (2) certified copies of page of passport bearing photograph and personal details, of the applicant.***

- Matriculation/NSC or Equivalent (date, place, symbol): \_\_\_\_\_
- Other Academic Qualifications (college/university/seminary). State name of institution, place, date and qualification awarded:  
\_\_\_\_\_  
\_\_\_\_\_

## PERMISSION TO RELEASE INFORMATION

I, \_\_\_\_\_, ID/Passport No. \_\_\_\_\_ hereby give consent for St Joseph's Theological Institute NPC to release my transcripts and other information in my academic record to my religious superiors who are also my sponsors.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Before: (name :) \_\_\_\_\_ (signature :) \_\_\_\_\_ as official witness for St Joseph's Theological Institute.

## PAYMENT OF FEES

14. Title, Full Name and Address of the Person Responsible for the Payment of Fees:  
\_\_\_\_\_  
\_\_\_\_\_

15. Tel. \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

17. Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

18. Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved By Academic Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)