



ELAM CHRISTIAN UNIVERSITY

The Deputy Vice Chancellor Academic

P.O.Box 1917 Mbeya Tanzania. Tel. 0762532121

Web. www.elamcuedu.org. E-mail. elamseminary@gmail.com

POSTGRADUATE SCHOOL

ADMISSION OFFICE

APPLICATION FORM FOR DOCTORATE DEGREE PROGRAMMES

Attach a
photography
here

Carefully fill this form and return to us through our email listed above

Attach the copies of you certificates and transcripts of schools and colleges you have attended prior joining this university.

1. PERSONAL PARTICULARS

Date of application

Full Name

Home Address

Mobile Phone

E-mail

Sex.

Date of Application

Date of Birth

Place of Birth

Nationality

Occupation

Marital Status (Married/single)

Church Name you belong

Position or ministry you are serving at the Church

2. SPONSORSHIP

Name of your sponsor

Relation you have with your sponsor

Sponsors address

3. EDUCATIONAL BACKGROUND

Fill in this table all schools and colleges you have attended

From	to	Name of Institution	Name of Program	Awards	Class

Name of Degree program which you want to pursue

(We confer the below listed Doctorate Degree programmes . Choose one program which you want to pursue)

- i. Doctor of Theology (ThD)
- ii. Doctor of Philosophy in Theology (PhD-Th)
- iii. Doctor of Philosophy in Hermeneutics (PhD-HM)
- iv. Doctor of Philosophy in Church History (PhD-CH)
- v. Doctor of Philosophy in Church Leadership
- vi. Doctor of Philosophy in Divinity (PhD-Div)
- vii. Doctor of Philosophy in Religious Education (PhD-RE)
- viii. Doctor of Philosophy in New Testament (PhD-NT)
- ix. Doctor of Philosophy in Old Testament (PhD- OT)
- x. Doctor of Philosophy in Biblical Counseling (PhD-BC)
- xi. Doctor of Philosophy in Bible Canon
- xii. Doctor of Philosophy in Systematic Theology (PhD-STh)

Application Method.

Fill this form carefully and then send it through email.elamseminary@gmail.com make sure you have paid a Registration fee of Tsh, 65,000/= or 40 USD

PAY THROUGH

CRDB BANK PLC

Account Number: 0133526008900.

Account Name: Elam Christian Harvest Seminary

OR Mobile Phone Payment M-Pesa+ 255742018565 name Erick Mponzi

Purpose of Studying This Program

For the office use only

Registrar Comment

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NameSignatureDate.....

Deputy Vice Chancellor Academic

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CHANCELLOR

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