



CENTRAL AFRICA CHRISTIAN COLLEGE



4 Kaye Eddie Drive, Msasa Park, Harare
Box H-96, Hatfield, Harare
Cell:
Email:

APPLICATION FORM No.

PLEASE COMPLETE IN FULL IN BLOCK LETTERS AND VERIFY THAT INFORMATION SUBMITTED IS CORRECT AND UP TO DATE

Application Date: _____

North American Students Email to:
HVCM@hippovalley.org

African Students Email to:
cacc.zim@gmail.com

PLEASE INDICATE THE CHOSEN PROGRAM FOR STUDY

Bachelor of Arts Honours Degree in Religious Studies and Philosophy	
Diploma in religious Studies	
Diploma in Theology	
Certificate in Theology	

PERSONAL DETAILS

NAME

SURNAME

MARITAL STATUS

GENDER

AGE

WHICH CHURCH ARE YOU A MEMBER OF?

DO YOU HAVE DEPENDENTS
(If yes give details including ages)

POSTAL ADDRESS

RESIDENTIAL ADDRESS

CELL:

EMAIL:

ATTACH A PASSPORT PHOTO

ACADEMIC QUALIFICATIONS

INSTITUTION	YEAR	QUALIFICATION	GRADE

PLEASE NOTE: ATTACH COPIES OF ALL ACADEMIC COPIES

SPONSORSHIP AND CHURCH INFORMATION

Are you actively involved in your church? _____

In what capacity? _____

Do you wish to live on campus? _____

Name of Person/Organization Paying your fees: _____

Address: _____

Telephone: _____

Cell: _____

E-mail: _____

Name of Spiritual Mentor: _____

Address: _____

Telephone: _____

Cell: _____

E-mail: _____

The following items must be included with your application before it will be processed:

- **A recent photograph**
- **Certified Photocopy of birth certificate**
- **Certified copy of National I.D**
- **Certified Academic Certificates**
- **Letter of recommendation from your church**

Signature of Applicant

I certify that the information declared in the application form is correct. If I would misrepresent my credentials or fail to meet the requirements of the institutions, I understand and agree that my status as a student will be terminated. I affirm that the information that I have provided to CACC is true, correct, and complete and I agree to hold harmless and indemnify the CACC and its directors, employees, and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment, or expense.

I agree and accept the decision to join the institution. if elected, I agree to abide by the institution's laws and requirements. I confirm that the information supplied in support of my application is correct.

Signature _____ Date _____