

REGISTRATION



M o a m o a Theological College and Seminary

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Apia SAMOA
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STUDENT REGISTRATION FORM

*All students register at Moamoa Theological College (whether as Diaconate candidate or Laity) must answer all items below completely and accurately (use extra sheets, if needed). If any item is not applicable, please answer with "N/A".
Please carefully review your responses before submitting this forms.*

PERSONAL INFORMATION

Name: <i>(Last, First, Middle)</i>		
Date of Birth:	Place of Birth:	
Home Address:	Telephone:	
Home Parish:	Parish Priest:	
Email:	Emergency Contact & Relationship:	
Program of Study: <i>(see Handbook for preferable program between a Certificate or Diploma in Theology)</i>		
Student Identification:	Year Start:	Trimester:

SACRAMENTAL INFORMATION

Date of Baptism:	Place of Baptism:
Date of Confirmation:	Place of Confirmation:
Date of Marriage:	Place of Marriage:
Name of Spouse:	Duration of Marriage:

EDUCATIONAL INFORMATION

Primary:	Secondary:
Tertiary: <i>(include Vocational Institute or University wherever attended)</i>	
List Qualifications received: <i>(include Vocational Institute or University wherever attended)</i>	

PERSONAL BACKGROUND

Have you ever been charged with or convicted of a criminal offense or misdemeanor? If yes, please explain.

Have you ever been arrested? If yes, please explain.

Have you ever been an accomplice to a crime? If yes, please explain.

Have you ever killed or mutilated a human being, even accidentally? If yes, please explain.

Have you cooperated in an abortion? If yes, please explain.

Do you have outstanding debts, including personal loans?

WORK EXPERIENCE

Most current employment:

Name of employer:

Address:

Job title & description of duties:

Previous Employment:

From	to	Until	Job Description:

From	to	Until	Job Description:

APPLICANT RELEASE FORM

I, the undersigned, hereby express my intention to apply for admission to the Certificate/Diploma program at Moamoa Theological College. I give consent to the Rector of Moamoa Theological College, the College Admissions Committee, or their delegates, to conduct whatever investigation is deemed necessary for the consideration of my application. I understand and agree that any and all documents, letters, written and/or oral evaluations, medical and psychological records, other materials and information obtained by the rector or his delegate or submitted by me in support of my application will be retained and used to conduct the investigation and that these documents and materials will not be returned to me.

This release will grant permission until I explicitly and in writing revoke this present authorization. I have read and understand the contents of this consent form.

Applicant's signature

Date