

## ADMISSION REQUIREMENTS ▼

Word of Life Africa Bible Institute (WOLABI) admits Christian youth aged 18 years and above who also meet the following conditions:-

1. Completed Uganda Certificate of Education (UCE) and obtained 3 credits/passes in one sitting.
2. Completed Uganda Advanced Certificate of Education (UACE) or its equivalent and obtained a minimum of ONE principle pass. Provide certified copies of official certificates/transcripts.
3. English is the language of instruction, so all applicants must be able to read, write and communicate in English.
4. Submit a formal application for admission, which must include a statement of personal faith in Jesus Christ.
5. Submit a letter of recommendation from the applicant's Pastor or Christian leader.
6. Submit a medical check-up form duly completed by a registered medical practitioner.
7. Commitment by self/family/church/organization for financial support during study at WOLABI.
8. Must sign and be willing to abide by the Statement of Faith and uphold at all times the Standard of Conduct.

## ADMISSION OF INTERNATIONAL STUDENTS ▼

1. If the applicant comes from a country where completion of O' Level is the prerequisite for College entry (e.g. the 8-4-4 system), these students will be legible for admission if they have attained a minimum grade of C-.
2. If the applicant comes from countries where English is not the language of instruction at high school level, (s)he must be able to read and write in English as English is used for instruction..
3. Students will be responsible for verification and obtaining equivalence of their high school and any post high school transcripts with the Uganda National Examinations Board (UNEB) at a fee of \$75 for East African students (*Uganda, Kenya, Tanzania, Burundi, Rwanda and Sudan*) and \$120 for the rest of Africa and outside Africa in addition to their application fee.
4. The applicant must pay for all relevant permits to study in Uganda and have a valid passport.

## APPLICATION CHECKLIST ▼

1. Fill and complete the entire application form. If a question does not apply, write **N/A** in the space provided.
2. Read and sign the Word of Life Statement of Faith and Standard of Conduct.
3. Fill the top portions of the reference forms and distribute them to non-relatives who know you well.
4. Write out a paragraph or more on each of the following items and send them with your application form.
  - i. Salvation testimony and the circumstances surrounding your salvation experience.
  - ii. Current devotional and church/ministry involvement.
  - iii. How you hope to benefit from your time at the Word of Life Africa Bible Institute.
5. Attach **two (2)** recent passport photos of yourself to your application form.
6. Mail all/any forms to the address provided below.

# APPLICATION FOR ADMISSION

Please check specifics that apply:

☐ 1<sup>st</sup> Semester / Fall 20\_\_

☐ 2<sup>nd</sup> Semester / Spring 20\_\_

## GENERAL ADMISSION ▼

1. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
SURNAME FIRST MIDDLE DD MM YY
2. Passport No. \_\_\_\_\_ I.D/Driving License No: \_\_\_\_\_ Mailing Address: \_\_\_\_\_
3. Cell Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_
4. Country of Citizenship: \_\_\_\_\_ Gender: ☐ Female ☐ Male
5. Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Widowed ☐ Separated ☐ Divorced  
Name of Fiancé/Fiancée or Spouse: \_\_\_\_\_  
If Married, Names and Ages of Children: \_\_\_\_\_  
Primary Language: ☐ English ☐ Swahili ☐ French ☐ Other: \_\_\_\_\_

## EDUCATIONAL EXPERIENCE ▼

Please circle number of years completed:

High School  
1 2 3 4 5 6

College / University  
1 2 3 4

Post Graduate  
1 2

1. High School: \_\_\_\_\_ Country: \_\_\_\_\_ City: \_\_\_\_\_  
Real or Expected Graduation Date: \_\_\_\_\_ Diploma Type: \_\_\_\_\_  
Extra-curricular Activities: \_\_\_\_\_
2. Have you ever been dismissed from a school? ☐ Yes ☐ No If Yes, where? \_\_\_\_\_  
Why? \_\_\_\_\_
3. Have you been diagnosed with a learning disability? ☐ Yes ☐ No

## HEALTH INFORMATION ▼

1. Do you have any health condition that requires special attention: ☐ Yes ☐ No  
If so, please explain: \_\_\_\_\_
2. Do you have a physical handicap that might need special attention to participate in our program?  
☐ Yes ☐ No If yes, please explain: \_\_\_\_\_
3. Have you ever received professional treatment / counseling for a mental /emotional condition? ☐ Yes ☐ No  
If yes, please list dates and explain: \_\_\_\_\_
4. Do you take any medication on a regular basis? \_\_\_\_\_

**N/B: Please attach a recent medical review document**

## PERSONAL INFORMATION ▼

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Parents are: ☐ Married & living together ☐ Divorced ☐ Separated ☐ Father deceased ☐ Mother deceased

If parents are divorced /separated, do you live with your father or mother? \_\_\_\_\_

If not living with parents, please list Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

1. When was the last time you used tobacco \_\_\_\_\_ Alcohol \_\_\_\_\_ Drugs/Marijuana \_\_\_\_\_

2. Have you ever been convicted of a crime? \_\_\_\_\_ If so, explain \_\_\_\_\_

3. Have you ever been in prison? \_\_\_\_\_ If so, explain \_\_\_\_\_

4. Are you or have you ever been on probation? \_\_\_\_\_ If so, explain \_\_\_\_\_

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### CHRISTIAN EXPERIENCE ▼

1. Please complete the following information on the local church where you attend:

Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

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

Are you a member? ☐ Yes ☐ No If no, do you attend this church regularly? ☐ Yes ☐ No

2. Date / year of salvation: \_\_\_\_\_ Do you have assurance of salvation? ☐ Yes ☐ No

What scripture reference do you base your salvation upon? \_\_\_\_\_

What do you believe is necessary for salvation? \_\_\_\_\_

Are there any circumstances that could cause you to lose your salvation? ☐ Yes ☐ No

3. How did you first hear about the Bible Institute? \_\_\_\_\_

4. Who or what was instrumental in your decision to apply to Word of Life Africa Bible Institute?

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The information I have provided is truthful to the best of my ability, and I understand there is additional paperwork to complete the application process for acceptance. ☐ Yes/I understand

Signature: \_\_\_\_\_

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### MAIL DIRECTLY TO:

Word of Life Africa Bible Institute Admissions Office • P.O.Box 29899 Kampala, Uganda  
ph: +256.702.019.049 | +256.753.385.403 • Email: [admissions@woluganda.org](mailto:admissions@woluganda.org)