



Seth Mokitimi Methodist Seminary NPC

Forming Transforming Leaders for Church and Nation

An Association incorporated under Section 21, Reg. No: 2008/027039/08 PBO No: 930030962.
Registered with the Department of Higher Education and Training as a private higher education institution under the Higher Education Act, 1997. Registration certificate no. Reg. No. 2010/HE08/002
115 Golf Road, Epworth, Pietermaritzburg, 3201 Postnet Suite 235, Private Bag X6, Cascades, 3202
Tel: (033)8468600 Fax: (033)8468620 e-mail: kumalor@smms.ac.za website: www.smms.ac.za

Chairperson, Governing Council: Prof Gordon Zide, PhD

President: Rev Prof R Simangaliso Kumalo, PhD

APPLICATION FORM – 2019

Bachelor of Theology and Diploma in Practical Ministry

INTRODUCTION

The **vision** of Seth Mokitimi Methodist Seminary (SMMS) is to *'form transforming leaders for Church and Nation.'* Our goal is to offer values-based programs that develop and nurture leaders of impeccable character and ethics, the highest moral standards, socially conscious intellectual capability, and refined vocational skills.

CURRICULUM

SMMS offers a three year seminary program with the following core components:

- Biblical and Theological Spirituality
- Personal Growth / Social Skills
- Personal Morality / Ethics
- Transformational Leadership
- General / Inter-disciplinary knowledge
- Academic / Theological Education

PROSPECTIVE SEMINARIANS

All private students desiring to enroll at SMMS must give indication of willingness to comply with the following commitments:

- To **fully participate** in the worship, devotional, and spiritual practices of the seminary.
- To **abide** by the SMMS Covenant, Rules of Conduct and Policies, which they will receive during orientation week. Misbehaviour will lead to appropriate disciplinary measures by the Seminary.
- To **pay** Semester Fees before registration, as indicated in the letter of admission.
- To submit certified copies of **Matriculation Certificate and all subsequent higher qualifications**, together with the transcripts, and other documentation that may be requested by the Registrar.
- To submit **endorsement letters** from your local congregational leaders, one from your circuit steward or class leader AND one from your local minister. In these official letters they need to include how long they know you, in what capacity you were serving during the time, the positive qualities you have and contributions you have made and what makes you suitable to study theology at SMMS.
- If you intend to candidate in the MCSA, to submit a **letter from your superintendent**, acknowledging and approving that you intend to offer for the ministry. Please note that applicants who turn 50 in their candidating year will not be accepted by EMMU.
- To submit a **Police or Name Clearance Certificate** (Requirement for Fieldwork populations)
- To submit details from a **registered Medical Practitioner** in case of any disability or chronic illness

Accommodation: No accommodation is available at SMMS and private students are required to make their own arrangements.

Canteen: Lunch is served daily at the Canteen at R35 per meal. (Price may change in 2018)

STUDY FEES FOR 2019

First Semester 2019

Administrative Fee	R 1 500
Tuition (Study) Fee	R17 400
Cassock	R 1 450
Total:	R 20 350

Payable on/before 31st December 2018

Second Semester 2019

Administrative Fee	R 1 500
Tuition (Study) Fee	R17 400
Total:	R 18 900

Payable on/before 1st July 2019

Total for 2019: R 39 250

Checklist before you submit the Application

Please ensure that you have sent the following items:

- Completed and signed application form (including the financial guarantee form and the two reference forms)
- Certified Copy of ID
- Certified copy of Matric Certificate
- Certified copies of all previous studies (including transcripts)
- Endorsement Letter from Circuit Steward, Class Leader or other leader within your society/congregation.
- Endorsement Letter from Local Minister
- If you are planning to candidate for Methodist Ministry, kindly furnish an acknowledgement letter from your Superintendent to indicate that he/she knows about your intention to candidate in the MCSA.
- A Police Clearance or Name Clearance Certificate (from the South African Police, required to allow for fieldwork with vulnerable populations)
- Medical Certificate (In case of any medical condition)

Closing date for applications: 15th November 2018

SUBMIT APPLICATION TO: christelr@smms.ac.za / Fax: 086 635 6958

Office Contact Details: Telephone: 033 846 8600

Postal Address: Postnet Suite 235, Private Bag X6, Cascades, 3202

Physical Address: 115 Golf Road, Epworth, Pietermaritzburg

SETH MOKITIMI METHODIST SEMINARY NPC (SMMS)

APPLICATION FORM

Title: _____ Initials: _____ Surname : _____

Full Names: _____

Preferred Name: _____ Maiden name (where applicable): _____

Gender: _____ Marital Status: _____ Date of Birth: _____
Single / married / divorced / widowed

Home Language: _____ Other languages: _____

Citizen Resident Status: _____
South African / Dual (SA plus other) / Permanent Resident / Unknown / Other

ID Number: _____ Passport Number (for non-South Africans): _____

Equity: _____ (This information is required by the Department of Higher Education and Training)
(African / Coloured / Indian / White)

Any Disability: YES NO

Church Affiliation: _____

Please tick the appropriate box: I AM BAPTIZED YES NO
I AM CONFIRMED YES NO

If MCSA, from which Circuit (name and number): _____

Are you intending to candidate for Ministry in the MCSA? YES NO

Driver's License: YES NO

Physical Address: _____

_____ Postal Code: _____ Province: _____

Postal Address: _____

_____ Postal Code: _____ Province: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

MEDICAL RECORD:

Are there any medical conditions that we need to be aware of? E.g., Diabetes, physical disabilities, problems with vision/hearing, etc.... (Kindly note that this is for information purpose only and does not jeopardize the outcome of your application). **If you do have any medical condition, please submit a medical report from a medical practitioner.**

EDUCATIONAL RECORD

(PROVIDE NAME(S) OF INSTITUTION(S), QUALIFICATION(S) RECEIVED, YEARS OF STUDY, ET CETERA.
NOTE: YOU MUST SUBMIT CERTIFIED COPIES OF ALL CERTIFICATES AND TRANSCRIPTS WITHOUT DELAY.

:

MATRIC (Please tick appropriate box): **WITH** Degree Endorsement **WITHOUT** Degree Endorsement

NEXT OF KIN:

TITLE: _____ NAME and SURNAME: _____

RELATIONSHIP: _____ (Spouse/ father/ mother/ brother/ sister)

ADDRESS: _____

TEL: _____ EMAIL: _____

NOTE: International Students bear the responsibility for acquiring any required visas, study permits, et cetera. It is **NOT** the responsibility of SMMS to acquire such documentation on your behalf.

I, _____ hereby apply
(FULL NAMES)

for admission to the Seth Mokitimi Methodist Seminary. I declare that all the information submitted in and with this document is correct and true. I further declare that I have no outstanding debt at any institution which I have previously studied at and that I also have no disciplinary action against me nor have I been expelled .

I have read the conditions for enrollment and declare my willingness to abide by them.

Signature _____ **Date** _____

SETH MOKITIMI METHODIST SEMINARY NPC

www.smms.ac.za

FINANCIAL GUARANTEE: SEMINARY COSTS

Kindly complete this form and submit with application

Prospective seminarians are required to submit proof that they will be able to meet their financial obligations before any application for admission will be considered.

STATEMENT OF GUARANTEE

I / We _____
(Full names of guarantor)

in my / our capacity as _____ of _____
(Applicant's full names)

hereby guarantee payment of the cost of his / her full costs for the entire duration of studies at Seth Mokitimi Methodist Seminary NPC. In the event that the seminarian does not meet the prescribed costs, I / we agree to be jointly liable with him / her for the payment of all outstanding fees.

I / We accept that Seminary costs for the first semester in 2019 to the amount of **R 18 900.00** for admin and tuition fees.

ADDRESS:
.....
Email: _____
Telephone: _____ (home) _____ (office) _____ (cellphone)

Please note the following regarding added expenses that you will need to plan for, because SMMS does not offer accommodation or any meals:

- privately rented accommodation in the Epworth and Scottsville area is about R 2500 per month
- meals and other personal expenses are at least R80 per day

This means that, in addition to the study fee of R 18,900 per semester payable to SMMS, an additional amount of approximately R 27,000 for accommodation, catering etc. per semester for the private student needs to be planned for.

Signed at _____ on _____ 2018

Signature: _____

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FIRST REFERENCE FORM

Thank you for completing this reference on behalf of the applicant. Your honest responses will enable us to properly assess whether or not SMMS is an appropriate place of study for his / her needs. Your honest responses will also enable us to better assist him / her with their formation and study programs.

FULL NAME OF APPLICANT:

Your name: _____

Contact no(s): _____

Contact Address:

How long have you known the applicant? _____

In what capacity have you known him / her?

Please indicate why you support the applicant's application to enrol at SMMS:

PLEASE PROVIDE YOUR HONEST ASSESSMENT OF THE APPLICANT WITH REGARD TO THE FOLLOWING:

- **Attitude to advice and authority:**
- **Integrity**
- **Self – control**
- **Academic ability**
- **Attitude to work**
- **Spirituality**
- **Ability to get along with others, especially cross-culturally**

In which area of life do you think he / she has the greatest struggle(s):

What are his / her best attributes?

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SECOND REFERENCE FORM

Thank you for completing this reference on behalf of the applicant. Your honest responses will enable us to properly assess whether or not SMMS is an appropriate place of study for his / her needs. Your honest responses will also enable us to better assist him / her with their formation and study programs.

FULL NAME OF APPLICANT:

Your name: _____

Contact no(s): _____

Contact Address:

How long have you known the applicant? _____

In what capacity have you known him / her?

Please indicate why you support the applicant's application to enrol at SMMS:

PLEASE PROVIDE YOUR HONEST ASSESSMENT OF THE APPLICANT WITH REGARD TO THE FOLLOWING:

- **Attitude to advice and authority:**
- **Integrity**
- **Self – control**
- **Academic ability**
- **Attitude to work**
- **Spirituality**
- **Ability to get along with others, especially cross-culturally**

In which area of life do you think he / she has the greatest struggle(s):

What are his / her best attributes?