



# Seth Mokitimi Methodist Seminary (NPC)

*Forming Transforming Leaders for Church and Nation*

An Association incorporated under Section 21, Reg. No: 2008/027039/08

Public Benefit Organisation No: 930030962

DHET Reg. No: 2010/HE08/02

115 Golf Road, Epworth, Pietermaritzburg, 3201 Postnet Suite 235, Private Bag X6, Cascades, 3202

Tel: 027 33 846-8600 Fax: 027 33 8468620 website: [www.smms.ac.za](http://www.smms.ac.za)

## APPLICATION FORM – for 2022 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:

1. To **fully participate** in the worship, devotional, and spiritual practices of the seminary.
2. To **abide** by the SMMS Covenant, Rules of Conduct and Policies, which they will receive during orientation week. Misconduct will lead to appropriate disciplinary measures by the Seminary.
3. To **pay** Semester Fees before registration, as indicated in the letter of admission.
4. 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.
5. 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.
6. If you intend to candidate in the **MCSA**, to submit **an endorsement letter from your superintendent**, acknowledging that you are an accredited Local Preacher 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.
7. To submit a **Police or Name Clearance Certificate** (Requirement for Fieldwork populations)
8. 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.

# STUDY FEES FOR 2022

## First Semester 2022

Administrative Fee	R 1 675
Tuition (Study) Fee	R19 150
Cassock	R 1 450*
<b>Total:</b>	<b>R 22 275</b>

\* Price subject to change

Payable on/before 31<sup>st</sup> December 2021

## Second Semester 2022

Administrative Fee	R 1 675
Tuition (Study) Fee	R19 150
<b>Total:</b>	<b>R 20 825</b>

Payable on/before 1<sup>st</sup> July 2022

**Total for 2022: R 43 100**

An early registration discount of 10% will be allowed for full payment of the annual study fee by the 31<sup>st</sup> December 2021.

## 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: 15<sup>th</sup> November 2021**

**SUBMIT APPLICATION TO:** [registrar@smms.ac.za](mailto:registrar@smms.ac.za)

**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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Language: \_\_\_\_\_ Other languages: \_\_\_\_\_

Nationality: \_\_\_\_\_ Citizen Resident Status: \_\_\_\_\_  
South African / Dual (SA plus other) / Permanent Resident / 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)

Marital Status: \_\_\_\_\_ Name & Tel No of spouse: \_\_\_\_\_ (if married)  
Single / married / divorced / widowed

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  (Please note that the prerequisite is a Local Preachers registration)

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](http://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.

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 semester fee 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 \_\_\_\_\_ 2021**

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

**SETH MOKITIMI METHODIST SEMINARY NPC (SMMS)**

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**FIRST REFERENCE FORM**

**(By a person not related to and outside of the church environment of the applicant)**

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?**

**SETH MOKITIMI METHODIST SEMINARY NPC (SMMS)**

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**SECOND REFERENCE FORM**

**(By a person not related to and outside of the church environment of the applicant)**

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:**
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**What are his / her best attributes?**