



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 website: www.smms.ac.za

APPLICATION FORM for 2024 Year of Study 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 official 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 2024

APPLICATION FEE: R250 (non-refundable. Proof of payment to be sent with application)

First Semester 2024

Administrative Fee R 1 850.00

Tuition (Study) Fee R 20 300.00

Cassock R 2 300.00*

Total: R 24 450.00

* Price subject to change

Payable on/before 31st December 2023

Second Semester 2024

Administrative Fee R 1 850.00

Tuition (Study) Fee R 20 300.00

Total: R 22 150.00

Payable on/before 1st July 2024

Total for 2024: R 46 600.00

An early registration discount of 10% will be allowed for full payment of the annual study fee by the 31st December 2023.

Other payment options are available upon request.

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, the two reference forms)
- Proof of payment of Application fee of R200.
- 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)

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.

Closing date for applications: 15th November 2023

SUBMIT APPLICATION TO: 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 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 Driver's License: 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: Prerequisite is a Local Preachers registration)

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.**

Medical Condition: _____

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 to you: _____ (Spouse/ father/ mother/ brother/ sister)

Address: _____

Tel no: _____ Email: _____

IMPORTANT NOTICE: The Seminary respects your right to privacy and complies with the legal requirement of the POPI Act 4 of 2013 in regulating the collection, processing, storage, sharing and destroying/disposing of any personal information you provided to us. Kindly advise us immediately of any change to the above information that you have provided.

I _____ **(FULL NAMES)** hereby apply for admission to the Diploma in Practical Ministry at the Seth Mokitimi Methodist Seminary NPC. I have read the conditions for enrollment for the programme being offered and declare my willingness to abide by them. I further declare that I have no outstanding debt at any institution at which I have previously studied, and that I also have no disciplinary action against me, nor have I been expelled.

I hereby also consent that SMMS may collect, use, distribute and process my personal data and information for all required administrative processes pertaining to my studies, and share my personal information with the Department of Higher Education and Training, the Council of Higher Education, the South African Qualification authority, and other third parties rendering various services to the Seminary and which may lawfully require the information for legal obligations and/or investigations.

I confirm that the information stated in this form is true, to the best of my knowledge.

Signature: _____ Date: _____ Place: _____

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 (three years)** 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 that SMMS does NOT offer any accommodation or any meals. The study fee payments only cover the admin and tuition fees. **Applicants need to plan for ALL the additional expenses** and make the necessary arrangements for their own accommodation, meals and any other expenses.

Signed at _____ on _____ 2023

Signature: _____

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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?

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SECOND REFERENCE FORM

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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: _____

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In what capacity have you known him / her?

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

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