



# 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](http://www.smms.ac.za)

## APPLICATION FORM for 2025 Year of Study Bachelor of Theology

### 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 Study 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 2025

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

## **First Semester 2025**

Administrative Fee	R 1 930.00
Tuition (Study) Fee	R 21 820.00
SMMS Blazer	R 960.00
<b>Total: R 24 710</b>	
Payable on/before 31 <sup>st</sup> December 2024	

## **Second Semester 2025**

Administrative Fee	R 1 930.00
Tuition (Study) Fee	R 21 820.00
<b>Total: R 23 750.00</b>	
Payable on/before 1 <sup>st</sup> July 2025	

**Total for 2025: R 48 460.00**

**An early registration discount of 5% will be allowed for full payment of the annual study fee by the 31<sup>st</sup> December 2024.**

**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 and the two reference forms)
- Proof of payment of Application fee of R 250.
- 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: 15<sup>th</sup> November 2024**

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

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**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 Bachelor of Theology degree 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 consent that in the event of outstanding fees on my part my academic records may be withheld and I may not be allowed to graduate.

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](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 (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: -----  
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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** \_\_\_\_\_ **2024**

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

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

[www.smms.ac.za](http://www.smms.ac.za)

**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:**

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**Your name:** \_\_\_\_\_

**Contact no(s):** \_\_\_\_\_

**Contact Address:**

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**How long have you known the applicant?** \_\_\_\_\_

**In what capacity have you known him / her?**

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

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**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)**

[www.smms.ac.za](http://www.smms.ac.za)

**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:**

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**Your name:** \_\_\_\_\_

**Contact no(s):** \_\_\_\_\_

**Contact Address:**

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**How long have you known the applicant?** \_\_\_\_\_

**In what capacity have you known him / her?**

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

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

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