



**INSTITUTE OF AFRICAN CHURCH MOVEMENT (IACM)**  
*Under the Sponsorship of African United Christian Leaders Association, Nigeria (AUCLAN)*

**ADMISSION/ENTRY FORM**

Please complete this form in CAPITAL LETTERS and return to the Admissions Office or via the designated email/portal.

**SECTION A: PERSONAL INFORMATION**

1. **Full Name:** \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_ last
2. **Gender:**  Male  Female
3. **Date of Birth:** \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year
4. **Marital Status:** Single  Married
5. **Nationality:** \_\_\_\_\_
6. **State of Origin:** \_\_\_\_\_
7. **Local Government Area (LGA):** \_\_\_\_\_
8. **Residential Address:** \_\_\_\_\_
9. **Phone Number:** \_\_\_\_\_
10. **Email Address:** \_\_\_\_\_

**SECTION B: PROGRAM INFORMATION**

11. **Level of Program Applying For:**
  - Certificate
  - Diploma
  - Advanced Diploma
  - Postgraduate Diploma
  - Bachelor's Degree
  - Master's Degree
  - Doctoral Degree
12. **Proposed Program of Study:** \_\_\_\_\_

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13. **Mode of Study:**

- Main Campus
- Onsite/Distance Learning
- Online
- Hybrid
- Weekend Program

14. Preferred Study Center: \_\_\_\_\_ Country \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ LGA \_\_\_\_\_

**SECTION C: EDUCATIONAL BACKGROUND**

Institution	Qualification	Year Completed	Grade/Class

Attach photocopies/scans of all relevant certificates and transcripts.

**SECTION D: CHRISTIAN BACKGROUND**

15. Denomination/Church Affiliation: \_\_\_\_\_

16. Position/Ministry Role (if any): \_\_\_\_\_

17. Do you have a calling or sense of ministry?

- Yes  No

If yes, briefly explain:

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**SECTION E: FEES PAYMENT SCHEDULE:**

1. For online students: Once , Twice , thrice
2. Onsite students: Once/session  once/semester ; twice/semester,
3. Hybrid students: Once/sesssion ; once/semester; twice/semester,

**SECTION F: REFEREES**

Please provide **two referees**, one of whom must be your pastor or church leader.

Name	Relationship	Phone	Email

**SECTION G: DECLARATION**

I, \_\_\_\_\_, declare that all information provided above is true and correct to the best of my knowledge. I understand that false information may result in denial or withdrawal of admission.

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

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

**REQUIRED ATTACHMENTS (Check all that apply)**

- Passport Photograph (2 copies)
- Birth Certificate / Age Declaration
- Academic Certificates/Transcripts
- National ID / Voter’s Card / International Passport
- Letter of Recommendation

**Submit your completed form to:**

**Admissions Office, IACM**

Email: [admission@auclan.org](mailto:admission@auclan.org)

Phone: +234 9014 934 752

Website: [AUCLAN.org](http://AUCLAN.org)