Faculty Application Form

Africa Reformation Theological Seminary

Name First_____Surname_____

Email address_____

Place of residence _____ Country_____

Phone (include country and area codes) _____

Date of birth _____ Place of birth _____

Citizenship _____

Single ___Married ___Widowed ___Divorced ___Spouse's name _____

Children: (name and age of each)

_____

_____

Ordination Date and denomination_____

Ordained by which Presbytery or equivalent _____

Current member of which Presbytery_____

Current call (current pastoral charge and/or current ministry)

_____

_____

University/college and seminary graduated from, date of graduation and degree received

_____

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Additional Questions (You may add pages to this application)
1. State your reasons for applying to the ARTS Faculty or Principal.
2. List your teaching experience, formal and informal.
3. State your teaching interests (subjects).
4. This form applies to both Faculty Lecturers and Principal. Please indicate your interest: Faculty__ Principal__ (Note: Principal includes both teaching and administration)

Along with this application please submit your **ARTS Faculty Theological Beliefs Statement**. See form by this name for instructions.

Please submit electronically to facultycandidates@arts.ac.ug.

Thank you!