



## PROTESTANT INSTITUTE OF ARTS AND SOCIAL SCIENCES (PIASS)

### Office of Academic Registrar

P.O. Box 619 Butare - Phone: (+ 250)0252530619 Fax :(+250) 0252530298

E-mail: [deapiass@gmail.com](mailto:deapiass@gmail.com) Website: [www.piass.ac.rw](http://www.piass.ac.rw)

## APPLICATION FORM FOR ADMISSION

Read **ALL** the instructions carefully.

Fill in the application form and **sign it**.

#### Attachments to the application form:

Notarized A<sub>2</sub> level certificate (with at least 2 principal passes)

Copies of Secondary School transcripts

Copy of national ID or passport

Three passport-size **color** photographs (with your name written at the back)

An original receipt (Bank Pay-in-Slip) indicating payment of the non-refundable application fee (20,000Rwf)

※ Bank Slip No.	(FOR OFFICE USE ONLY)		Please attach a photo in this box
Program of Study	Desired Faculty		
	Desired Department		
	Starting - Month and Year		

### Which programme are you applying for?

Programmes	(Select one)
Bachelor of Education with honours in Business Studies	
Bachelor of Education with honours in History and Geography	
Bachelor of Education with honours in Geography and Mathematics	
Bachelor of Education with honours in Kinyarwanda and English	
Bachelor of Education with honours in Educational Planning and Management	
Bachelor of Education with honours in School Psychology	
Bachelor of Arts with honours in Urban Management	
Bachelor of Arts with honours in Natural Resources and Environmental Management	
Bachelor of Development Studies with honours in Rural and Community Development	
Bachelor of Development Studies with honours in Peace-building and Development	
Bachelor of Theology in Protestant Theology	

*Please submit the completed form with all attachments to the office of Academic Registrar*



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### I. Personal information

Please type or write clearly in English

Names	<i>Surname</i>			<i>Middle Name</i>			<i>Given Name</i>		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			Date of Birth			<i>Month</i> / <i>Day</i> / <i>Year</i>		
National ID No.				Country of Birth					
				Nationality					
Marital status				Current age					
Postal Code									
<i>(number)</i>									
<i>(City)</i>									
Place of Birth	<i>Village</i>		<i>Cell</i>		<i>Sector</i>		<i>District</i>		
Telephone No.				E-mail					
Mobile Phone No.									

### II. Educational background

#### 1. Secondary education

Secondary School	<i>(Name)</i>			<i>(City)</i>		
Option				Completion date	<i>MM</i> / <i>DD</i> / <i>YYYY</i>	
Dates Attended	<i>MM</i> / <i>DD</i> / <i>YYYY</i> ~ <i>MM</i> / <i>DD</i> / <i>YYYY</i>			Certificate No.		

#### 2. Diploma (where applicable)

College/University	<i>(Name)</i>			<i>(City)</i>		
Department/Option				Date Degree Awarded	<i>MM</i> / <i>DD</i> / <i>YYYY</i>	
Dates Attended	<i>MM</i> / <i>DD</i> / <i>YYYY</i> ~ <i>MM</i> / <i>DD</i> / <i>YYYY</i>			Diploma No.		

Why do you choose to study at PIASS? (Please indicate two reasons)

Reason 1: .....

Reason 2: .....

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### III. Contact in case of emergency or prior information

Name of the referee	Contact (Tel & mobile)	E-mail address
1.		
2.		
3.		

I submit this application form and all required documents and I understand that all submitted records and documents are not returnable. I certify that all information I have given is true, complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Given Name

### **FOR OFFICE USE ONLY**

#### Registrar's observations

- ☐ Eligible for admission
- ☐ Not eligible for admission

#### Main reasons:

1. ....

2. ....

\_\_\_\_\_  
Registrar's signature

\_\_\_\_\_  
Institutional seal

Please return this form and any accompanying documents to:

Protestant Institute of Arts and Social Sciences (PIASS),

Butare and Karongi Campuse

Academic Registrar's Office

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## Form for those who will apply for a scholarship (e.g: REB, FARG, Hitimana Scholarship Fund ...)

### SECTION 1 TO THE APPLICANT

Program of Study	Desired Faculty		
	Desired Department		
	Starting Month and year		
Name	<div style="display: flex; justify-content: space-between;"> <span>Surname</span> <span>Middle Name</span> <span>Given Name</span> </div>		

### SECTION 2 Information on the intended scholarship

Institution		Contact Office	
Address			
Tel. No.		E-mail	

### Please list all required documents for scholarship application

1. ....
2. ....
3. ....
4. ....
5. ....

### Please indicate the deadline for application and what you expect PIASS could help

Signature and date of Applicant _____ Mobile No: _____

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