

Date received _____ By _____

Fee (2500 fcfa): Paid _____ Owing _____

APPLICATION FOR ADMISSION WEST AFRICA ADVANCED SCHOOL OF THEOLOGY

*Instructions: Please fill out this form completely, in your own handwriting, and mail to:
WAAST, B.P. 2313, Lomé, Togo.*

1. Personal Information

Surname _____

First Name(s) _____

Date of Birth _____

Permanent Address _____

City _____ State _____ Country _____

Phone _____ Fax _____ E-mail _____

Marital Status : () married () divorced () Single () Widowed

Number of dependants _____

How will they be provided for while you are at WAAST? _____

2. Education

How many years have you spent in:

Primary school? _____ Middle school? _____ Secondary school? _____

Post-secondary school? _____ Bible school? _____

Vocational training or experience _____

Name of post-secondary school attended _____

You must attach photocopies of all certificates, diplomas, degrees, test results, and transcripts of work you wish to be considered by WAAST as qualifying you for admission or advanced standing.

3. Work Experience

Secular or Manual Experience _____

4. Ministry Experience

Church or Denomination _____

Name of Local Church _____

() Ordained () Licensed () Other _____

5. Contact Information

Nearest Relative (wife, father, mother) _____

Address (if different from yours) _____

City _____ State _____ Country _____

Phone _____ Fax _____ E-mail _____

- 6. Testimony:** On a separate sheet of paper, in your own handwriting, please write your life testimony, including
- (a) your early life
 - (b) your conversion and baptism in the Holy Spirit
 - (c) your call to the ministry
 - (d) your experience in Christian service.

7. Attached Forms: Please complete and send the attached forms: Health History, Medical Report, Request for Transcripts, Church Recommendation.

8. Finances: Schooling at WAAST will be paid by what means? _____

AGREEMENT: I, the undersigned, certify that all the above information is true to the best of my knowledge. I understand that if any of the above data is falsified, it would be grounds for my immediate dismissal from WAAST. If accepted at WAAST, I pledge that I will obey all school rules, conduct myself as a Christian and minister of Jesus Christ, and cooperate with the administration of the school in maintaining its moral, spiritual, and educational standards.

Signature of applicant

CHURCH RECOMMENDATION
to the
WEST AFRICA ADVANCED SCHOOL OF THEOLOGY

To Applicant: Fill in your name and address, then submit this form to the General Superintendent of the Assemblies of God in the country in which you serve. The General Superintendent is respectfully requested to complete the form and mail it promptly to WAAST, B.P 2313, Lomé, Togo. The reply will be kept confidential.

Surname _____ First Name(s) _____

Permanent Address _____

City _____ State _____ Country _____

*TO BE FILLED IN BY THE GENERAL SUPERINTENDENT OF THE ASSEMBLIES OF
GOD*

How long has the applicant been in ministry? _____

What credentials does he/she hold? _____

If ordained, how long? _____

Is he/she a Bible school graduate? _____ What school? _____

Current Ministry: Pastor Evangelist Bible School Teacher

Church Official—specify _____

Other _____

Has he/she ever been a cause of trouble or dissension in the

local church? section? district? other? _____

If so, explain: _____

Would attendance at WAAST help him/her and your church? _____

Do you recommend without hesitation that he/she attend? _____

Do you know of any reason he/she should not attend WAAST? _____

If yes, explain: _____

How will his/her school expenses (tuition, travel, books, supplies, etc.) be met? _____

Check the column that best indicates the applicant's attitude in each of these categories:

Attitude toward	Excellent	Good	Fair	Poor
His/her ministry	_____	_____	_____	_____
His/her superiors	_____	_____	_____	_____
Fellow pastors	_____	_____	_____	_____
His/her family	_____	_____	_____	_____
Financial support of the church organization	_____	_____	_____	_____

(Please print carefully)

Superintendent _____ Signature _____

Mailing address _____

City _____ State _____ Country _____

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HEALTH HISTORY
ASSEMBLIES OF GOD GRADUATE SCHOOL OF THEOLOGY

To Applicant: Please fill out this side of the form as accurately as possible. If necessary, write explanations on a separate sheet of paper. A qualified medical authority must complete and sign the medical report on the opposite side. Mail the completed forms to WAAST, B.P. 2313, Lomé, Togo.

Surname _____

First Name(s) _____

Permanent Address _____

CITY _____ STATE _____ COUNTRY _____

1. Is there any history of cancer, tuberculosis, AIDS, depression, or insanity in your family? _____ If _____ yes, _____ explain

2. Have you ever lived with anyone who had tuberculosis or AIDS? _____ If so, describe the contact _____

Do you have a chronic cough? _____ Have you ever had a chest X-ray? _____

When? _____

3. Where applicable, give the approximate age at which the following diseases occurred:

- | | | |
|-----------------|-----------------|---------------------|
| Asthma _____ | Mumps _____ | Scarlet Fever _____ |
| Diabetes _____ | Malaria _____ | Smallpox _____ |
| Filaria _____ | Polio _____ | Diphtheria _____ |
| Typhoid _____ | Epilepsy _____ | Leprosy _____ |
| Hepatitis _____ | Internal _____ | Thyroid _____ |
| AIDS _____ | Parasites _____ | (Goiter) _____ |
| Whooping _____ | Venereal _____ | |
| Cough _____ | Disease _____ | Depression _____ |

4. List any operations you have had and the approximate dates _____

5. Do you have a crippling deformity? _____ If so, explain _____
6. Have you ever been subject to fainting spells? _____ Seizures? _____
Epilepsy? _____ If so, explain _____

MEDICAL REPORT *for*

*To the medical officer or doctor making this report:
The bearer has applied for admission to the West Africa Advanced School of Theology, Lomé, Togo. All students are required to have medical clearance before being admitted. Please make a complete examination and answer the following questions concerning the applicant. Thank you for your assistance. If you have any further remarks, please write them on an additional sheet of paper.*

Does the bearer have any evidence of the following?

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
()	()	Tuberculosis	()	()	Heart trouble
()	()	Leprosy	()	()	Allergies _____
()	()	Venereal disease	()	()	Stomach or intestinal disorders
()	()	Hepatitis	()	()	Tooth decay
()	()	AIDS	()	()	Hernia () R () L
()	()	Internal parasites			
()	()	Any other infectious or contagious diseases _____			

Normal vision without glasses R _____ L _____

Blood pressure: Syst. _____ Diast. _____ Urine: Albumin _____ Sugar _____

Remarks on above _____

Is there anything that might prevent the applicant from carrying a full load of studies? _____

Name of person filling
out this report _____

Title _____ Date _____

Address _____

City _____ State _____ Country _____

REQUEST FOR TRANSCRIPT
WEST AFRICA ADVANCED SCHOOL OF
THEOLOGY

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To Applicant: Fill in your name and address, then submit this form to the appropriate official of the last post-secondary-level school from which you graduated. The official is respectfully requested to complete the form and mail it with an official transcript of your academic record to WAAST, B.P. 2313, Lomé, Togo.

Surname _____ First Name(s) _____
Permanent Address _____
City _____ State _____ Country _____

Dear School Official:

From the Applicant

Please accept this as my formal request as a graduate or former student of your school that you send an official transcript of my academic records to the WEST AFRICA ADVANCED SCHOOL OF THEOLOGY. Thank you.

_____ Date _____

Dear School Official:

From WAAST

In order to ensure that the transcript of the above applicant's academic records of work done at your school is completely official and fully informative, would you please be sure that it carries all of the following data:

- | | |
|-------------------------------------|--|
| 1. Your school's name | 6. The number of credits received |
| 2. Your school's mailing address | 7. The mark received for each course |
| 3. The student's name | 8. The signature of the school officer |
| 4. The year(s) the student attended | authorized to issue the transcript |
| 5. The name of each course taken | 9. The school's seal on the transcript |

Besides the above data about the official transcript, we need you to answer the questions that follow under TRANSCRIPT INFORMATION. These data will provide us with the information needed to evaluate more accurately the student's work at your school. This is necessary in order for us to grant him or her the admission and correct standing at WAAST based on his or her work with you. Thank you so much for your help.

TRANSCRIPT INFORMATION

1. Name of School _____

Mailing Address _____

City _____ State _____ Country _____

2. What are the academic requirements for admission to your school? _____

3. How many years does your programme run from registration to graduation? _____

4. How many terms do
you offer in a year? _____

How many weeks
in each term? _____

5. How many minutes in each class hour? _____

6. Do you count holidays
as school days? _____

If yes, how many
each term? _____

2. What constitutes a “credit hour” at your school? (For example, one credit hour at WAAST means the student has spent the equivalent of one academic hour of 50 minutes each week in class for 15 weeks. However, at WAAST the class period is 2 ½ hours (150 minutes) each day for 3 weeks.)

8. How do you interpret your grading system?
