



APPLICATION FOR ADMISSION WEST AFRICA ADVANCED SCHOOL OF THEOLOGY (WAAST)

Instructions: Please fill out this form completely, in your own handwriting, and mail to: Registrar, WAAST, B.P. 2313, Lomé, Togo, or scan and send to: registrar@waast.org.

1. Personal Information

Surname _____

First Name(s) _____

Date of Birth _____

Permanent Address _____

City _____ State _____ Country _____

Phone _____ E-mail address _____

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed

Number of dependents _____

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

2. Education

Number of years spent in

Primary school _____ Middle school _____ Secondary school _____

Post-secondary school _____ Bible school _____

Name/Location of Bible school _____

Name of post-secondary school attended _____

Additional education _____

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

3. Work Experience

Secular or Manual Experience _____

4. Ministry Experience

Member of what national church or denomination? _____

Name of local church _____

Check all that apply:

☐ Ordained ☐ Licensed ☐ Other _____

☐ Pastor ☐ Evangelist ☐ Bible Institute/School Teacher

5. Contact Information

Nearest Relative (wife, father, mother) _____

Address (if different from yours) _____

City _____ State _____ Country _____

Phone _____ E-mail address _____

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 attach the following: Application, Health History, Medical Report, Transcript(s), Church Recommendation* and two passport-sized photos.

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

**The Church Recommendation form must be signed by the General Superintendent of the Assemblies of God in the country in which the applicant serves.*

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 are 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

Date

Office Use Only

Date Received _____ By _____ Fee (2500 fcfa) Paid: Yes _____ No _____



HEALTH HISTORY

WEST AFRICA ADVANCED SCHOOL OF THEOLOGY (WAASST)

OFFICE USE ONLY

Date received _____

By _____

To Applicant: Please fill out this side of this form. If necessary, write explanations on a separate sheet of paper. A qualified medical authority must complete the medical report. Mail the completed forms to: Registrar, WAASST, B.P. 2313, Lomé, Togo, or scan and send to: registrar@waast.org

Surname _____

First Name(s) _____

Permanent Address _____

City _____ State _____ Country _____

Phone _____ E-mail address _____

1. Is there any history of cancer, tuberculosis, AIDS, 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 _____ Diptheria _____

Typhoid _____ Epilepsy _____ Leprosy _____

Hepatitis _____ Internal Parasites _____ Thyroid (Goiter) _____

AIDS _____ Whooping Cough _____ Venereal Disease _____

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 _____



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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?

Yes No

() () Tuberculosis

() () Leprosy

() () Venereal disease

() () Hepatitis

() () Internal parasites

() () Any other infectious or
contagious diseases

Yes No

() () Heart trouble

() () Allergies _____

() () Stomach or intestinal disorders

() () Normal vision without glasses

R _____ L _____

() () Tooth decay

() () Hernia () R () L

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

Remarks on above _____

Title and name of official completing
this report _____

Signature _____ Date _____

Address _____

City _____ State _____ Country _____

Phone _____ E-mail address _____



REQUEST FOR TRANSCRIPT

WEST AFRICA ADVANCED SCHOOL OF THEOLOGY (WAAST)

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Date received _____

By _____

To Applicant: Fill in your name and address, then submit this form to the appropriate official of the last 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: Registrar, WAAST, B.P. 2313, Lomé, Togo. Please note that transcript may not be scanned; an original is required.

Surname _____ First Name(s) _____

Permanent Address _____

City _____ State _____ Country _____

Phone _____ E-mail address _____

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 WEST AFRICA ADVANCED SCHOOL OF THEOLOGY. Thank you.

Signature _____ 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
2. Your school's mailing address
3. The student's name
4. The year(s) the student attended
5. The name of each course taken
6. The number of credits received
7. The mark received for each course
8. The signature of the school officer authorized to issue the transcript
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 _____
Phone _____ E-mail address _____
 2. What are the academic requirements for admission to your school? _____

 3. How many years does your program 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? _____
 7. What constitutes a “credit hour” at your school? (For example, one WAAST credit means the student has attended one class meeting of 2 hours 30 minutes per day, for a session of 3 weeks [15 days], for a total of 37 hours, producing 750 minutes in class for every credit hour.)

 8. How do you interpret your grading system? (For example, WAAST grades the student on a 4.0 system, in which 3.5–4.0 = excellent; 3.0–3.4 = above average; 2.0–2.9 = average; 1.0–1.9 = below average or passable; below 1.0 = failing.)

- Title _____ Date _____
- Address _____
- City _____ State _____ Country _____
- Phone _____ E-mail address _____



**CHURCH RECOMMENDATION
FORM**

**WEST AFRICA ADVANCED
SCHOOL OF THEOLOGY (WAASST)**

OFFICE USE ONLY

Date received _____

By _____

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: Registrar, WAASST, B.P. 2313, Lomé, Togo, or scan and send to: registrar@waast.org. The reply will be kept confidential.

Surname _____ First Name(s) _____

Permanent Address _____

City _____ State _____ Country _____

Phone _____ E-mail address _____

***TO BE COMPLETED BY THE GENERAL SUPERINTENDENT OF THE
ASSEMBLIES OF GOD OR HIS DELEGATE***

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? _____

How many years did he/she attend? _____

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?

☐ region? ☐ other? _____

If so, explain: _____

Would attendance at WAASST 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:

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

<u>Attitude toward</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
His/her ministry	_____	_____	_____	_____
His/her superiors	_____	_____	_____	_____
His/her church members	_____	_____	_____	_____
His/her family	_____	_____	_____	_____
Financial support of the church organization	_____	_____	_____	_____

(Please print legibly)

Superintendent _____

Signature _____ Date _____

Mailing address _____

City _____ State _____ Country _____

Phone _____ E-mail address _____

(Note: The Signature of the General Superintendent is required. However, if the Superintendent does not know the applicant well, he may delegate someone else to answer the questions. If someone other than the Superintendent fills out this recommendation form, please include the name, position, and signature of that person in addition to that of the Superintendent.)

Name of person delegated to complete the recommendation form: _____

Role/Position: _____

Signature: _____ Date: _____