



APPLICATION FOR ADMISSION

ASSEMBLIES OF GOD GRADUATE SCHOOL OF THEOLOGY (AGGST)

Instructions: Please fill out this form completely, in your own handwriting, and mail to: Registrar, AGGST, 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 _____

Marital Status:

☐ Married ☐ Divorced ☐ Single ☐ Widowed Number of dependents _____

2. Education

Schools Attended	Years Attended	Degree Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Work Experience

Secular or Manual Experience _____

4. Ministry Experience

Church and Denomination _____

Name of Local Church _____

Check all that apply:

☐ Ordained ☐ Licensed ☐ Bible Institute/School Teacher
☐ Pastor ☐ Evangelist ☐ Other _____

Number of years involved in ministry _____

5. Contact Information

Nearest Relative (spouse, father, mother) _____

Address (if different from yours) _____

City _____ State _____ Country _____
Phone _____ 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. Sermon: Please send a manuscript or CD of one of your sermons.*

8. Declaration of Beliefs: Please send a declaration of your beliefs in Christian doctrine.*

9. TOEFL Scores: If you have completed a TOEFL exam, please forward your scores. If not, you must sit the AGGST English Proficiency Exam, offered several times a year.

10. Finances: Schooling at AGGST will be paid by what means? _____

11. Attached Forms: Please complete and send these forms: Health History, Medical Report, Transcript Request,* Transcripts,* Church Recommendation.** Please include two passport-sized photos.

*Graduates of WAAST need not submit these.

**The Church Recommendation form is required of *all* applicants and 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 is falsified, it would be grounds for my immediate dismissal from AGGST. If accepted at AGGST, 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 _____



CHURCH RECOMMENDATION

ASSEMBLIES OF GOD GRADUATE SCHOOL OF THEOLOGY (AGGST)

OFFICE USE ONLY

Date received _____

By _____

To Applicant: Fill in your name and address, and then submit this form to the general superintendent of the Assemblies of God in the country in which you serve. The superintendent is respectfully requested to complete the form and mail it promptly to Registrar, AGGST, B.P 2313, Lomé, Togo, or scan and send it to registrar@waast.org. The reply will be kept confidential.

Surname _____ First Name(s) _____

Permanent Address _____

City _____ State _____ Country _____

Phone _____ E-mail _____

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? _____

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 AGGST 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 AGGST? _____ 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:

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

(Please print legibly)

Superintendent _____

Signature _____ Date _____

Mailing address _____

City _____ State _____ Country _____

Phone _____ E-mail _____

(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: _____



HEALTH HISTORY

ASSEMBLIES OF GOD GRADUATE SCHOOL OF THEOLOGY (AGGST)

OFFICE USE ONLY

Date received _____

By _____

To Applicant: Please fill out 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, AGGST, B.P. 2313, Lomé, Togo, or scan and send them to registrar@waast.org.

Surname _____ First Name(s) _____

Permanent Address _____

City _____ State _____ Country _____

Phone _____ E-mail _____

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: _____

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

4. 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 Parasites _____	Thyroid (Goiter) _____
AIDS _____	Whooping Cough _____	Venereal Disease _____

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

6. Do you have a crippling deformity? _____ If so, explain _____

7. Have you ever been subject to fainting spells? _____ Seizures? _____ Epilepsy? _____ If so, explain _____



ASSEMBLIES OF GOD GRADUATE SCHOOL OF THEOLOGY (AGGST)

OFFICE USE ONLY

Date received _____

By _____

MEDICAL REPORT for

To the medical officer or doctor making this report:

The bearer has applied for admission to the Assemblies of God Graduate 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	()	()	Normal vision without glasses R _____ L _____
()	()	Internal parasites	()	()	Tooth decay
()	()	Any other infectious or or contagious diseases	()	()	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 _____



REQUEST FOR TRANSCRIPT

OFFICE USE ONLY

Date received _____

By _____

ASSEMBLIES OF GOD GRADUATE SCHOOL OF THEOLOGY (AGGST)

To Applicant: Fill in your name and address, then submit this form to the appropriate official of the last post-secondary 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, AGGST, B.P. 2313, Lomé, Togo. Please note that the transcript cannot be scanned and sent by e-mail; an original is required.

Surname _____ First Name(s) _____

Permanent Address _____

City _____ State _____ Country _____

Phone _____ E-mail _____

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 ASSEMBLIES OF GOD GRADUATE SCHOOL OF THEOLOGY. Thank you.

Signature _____ Date _____

Dear School Official:

From AGGST

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 authorized to issue the transcript |
| 4. The year(s) the student attended | 9. The school's seal on the transcript |
| 5. The name of each course taken | |

Besides the above data about the official transcript, we need you to answer the questions that follow under TRANSCRIPT INFORMATION. This 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 admission and correct standing at AGGST 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 _____

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 AGGST credit means the student has attended class for 2 weeks, 3 hours 45 minutes per day, for a total of 37.5 hours, producing 750 minutes in class for every credit hour.)

8. How do you interpret your grading system? (For example, AGGST 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.)
