

## APPLICATION FOR ADMISSION to the ASSEMBLIES OF GOD GRADUATE SCHOOL OF THEOLOGY

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

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### 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 \_\_\_\_\_

### 2. Education

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

### 3. Work Experience

Secular or Manual Experience \_\_\_\_\_

\_\_\_\_\_

### 4. Ministry Experience

Church or Denomination \_\_\_\_\_

Name of Local Church \_\_\_\_\_

Check all that apply:

( ) Ordained ( ) Licensed ( ) Other \_\_\_\_\_

( ) Pastor ( ) Evangelist ( ) Bible Institute/School Teacher

( ) 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. Sermon:** Please send a manuscript or cassette tape 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 AGGST's English Proficiency Exam, offered several times a year.

**10. Attached Forms:** Please complete and send the attached forms: Health History\*, Medical Report\*, Transcript Request\*, Church Recommendation.\*\*

**11. Finances:** Schooling at AGGST will be paid by what means? \_\_\_\_\_  
\_\_\_\_\_

\*Graduates of WAAST need not submit this.

\*\*The Church Recommendation form is required of *all* applicants and must be signed by the president 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

## CHURCH RECOMMENDATION

### ASSEMBLIES OF GOD GRADUATE SCHOOL OF THEOLOGY (AGGST)

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 AGGST, B.P 2313, Lomé, Togo. The reply will be kept confidential.

Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

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#### 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?     parish?     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:

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

(Please print carefully)

**Superintendent** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

OFFICE USE ONLY

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

OFFICE USE ONLY
Date received _____
By _____

**HEALTH HISTORY**  
**ASSEMBLIES OF GOD GRADUATE SCHOOL OF THEOLOGY**

*To Applicant: Please fill out this form as accurately as possible. If necessary, write explanations on a separate sheet of paper. A qualified medical authority must complete and sign the attached medical report. Mail both forms to AGGST, 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 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	( )	( )	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 \_\_\_\_\_

OFFICE USE ONLY

Date received \_\_\_\_\_

By \_\_\_\_\_

## **REQUEST FOR TRANSCRIPT ASSEMBLIES OF GOD GRADUATE SCHOOL OF THEOLOGY**

To Applicant: Fill in your name and address, and 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 AGGST, B.P. 2313, Lomé, Togo.

**Surname** \_\_\_\_\_ **First Name(s)** \_\_\_\_\_

Permanent Address \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Country** \_\_\_\_\_

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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.

\_\_\_\_\_ Date \_\_\_\_\_

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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. The school's name
2. The 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. 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 \_\_\_\_\_

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.)

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