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 (WAAST)

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, WAAST, 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 _____

WEST AFRICA ADVANCED SCHOOL OF THEOLOGY (WAAST)

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		Yes	No	
( )	( )	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 contagious diseases	( )	( )	Hernia ( ) R ( ) L

Blood pressure: Sist. _____ 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_____

Revised May 2014

REQUEST FOR TRANSCRIPT

WEST AFRICA ADVANCED SCHOOL OF THEOLOGY (WAAST)

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.

_____ 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   How many weeks
   you offer in a year? _____   in each term? _____

5. How many minutes in each class hour? _____

6. Do you count holidays   If yes, how many
   as school days? _____   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 (WAAST)

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

Name _____ First Names(s) _____

Permanent Address _____

City _____ State _____ Country _____

Phone _____ E-mail address_____

TO BE COMPLETED 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? _____

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 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: _____

_____

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	_____	_____	_____	_____
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_____