



## APPLICATION FOR ADMISSION WEST AFRICA ADVANCED SCHOOL OF THEOLOGY (WAAS)

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

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### 1. Personal Information

Surname \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Marital Status:       Married       Divorced       Single       Widowed

Number of dependents \_\_\_\_\_

How will they be provided for while you are at WAAS? \_\_\_\_\_

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

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

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### 3. Work Experience

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

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## 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 form to WAASST, B.P. 2313, Lomé, Togo, or scan and send to: registrar@waast.org..*

Surname \_\_\_\_\_

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

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

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

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 _____	Diphtheria _____
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)

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 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>	
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble
<input type="checkbox"/>	<input type="checkbox"/>	Leprosy	<input type="checkbox"/>	<input type="checkbox"/>	Allergies _____
<input type="checkbox"/>	<input type="checkbox"/>	Venereal disease	<input type="checkbox"/>	<input type="checkbox"/>	Stomach or intestinal disorders
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Normal vision without glasses R _____ L _____
<input type="checkbox"/>	<input type="checkbox"/>	Internal parasites	<input type="checkbox"/>	<input type="checkbox"/>	Tooth decay
<input type="checkbox"/>	<input type="checkbox"/>	Any other infectious or contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>	Hernia <input type="checkbox"/> R <input type="checkbox"/> L

Blood pressure: Sist. \_\_\_\_\_ Dist. \_\_\_\_\_ Urine: Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

Remarks on above \_\_\_\_\_

Title and name of official filling out this report: \_\_\_\_\_

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



## REQUEST FOR TRANSCRIPT

### 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 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 WAASST, 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 \_\_\_\_\_

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 WAASST

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 WAASST 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 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 \_\_\_\_\_



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

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Name \_\_\_\_\_ First Names(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? \_\_\_\_\_

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?  
                                  parish?  other? \_\_\_\_\_

If so, explain: \_\_\_\_\_

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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 WAASST? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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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 \_\_\_\_\_