



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's Office, 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 _____ Fax _____

Email address _____

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 _____ 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 the AGGST English Proficiency Exam, offered several times a year. Click [here](#) to download the current exam dates.

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

11. Attached Forms: Please complete and send these forms: Health History*, Medical Report* (click [here](#) for these forms), Transcript Request* (click [here](#) for this form), Transcripts*, Church Recommendation.** Please include two passport-sized photos.

*Graduates of WAAST need not submit this.
**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 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 _____

***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:

<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 _____