

Ethiopian Graduate School of Theology

የኢትዮጵያ የሥነ-መለኮት ድህረ-ምረቃ ት/ቤት

P.O. Box 24934 Code 1000
Addis Ababa, Ethiopia
Tel. 251-011-371-5588

Affix
Photograph
Here

APPLICATION FORM

Full Name _____
 Personal Title _____ Nationality _____ Date of Birth (dd/mm/yy) _____ Sex _____
 Occupation _____

Current Address		Church Affiliation
Country _____	Passport No. _____	Denomination _____
Region _____	Phone: _____ (Off.)	Local Church _____
City _____	_____ (Res.)	Position/Ministry Involvement _____
Sub-City _____	_____ (Mob.)	_____
Woreda _____	Postal Address _____	_____
House No. _____	E-mail _____	_____
	Fax No. _____	_____

Marital Status:

- Single
 Married
 Engaged
 Widowed
 Divorced
 Remarried

Spouse's Name: _____ Number of Children _____

Education: Give information on post-secondary schools attended.

Universities/Colleges attended	Location	Dates		Degree/credential awarded	Credit hours earned
		From	To		

Language Fluency:

Mother Tongue: _____

Other Languages:

- | | | |
|------------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Good |

Biographical Sketch: Write your testimonial on a separate sheet (not more than 300 words)

Reference: Write in the space provided below name and address of one referee: Please attach the recommendation sheet separately.

Local Church: Pastor or Elder, who has completed the recommendation form. _____

Finances: How do you anticipate financing your studies? Please check as necessary. Amount of Funds Expected (Provisional in ETB)

My Denomination (give name): _____

My Local Church (give name): _____

Donor Organization (give name): _____

My Office (give name): _____

Friends _____

Personal Funds _____

Other Sources (give name): _____

Programme of Study: (Programme you wish to pursue, Check one)

Programme		Status	
PGD	Post Graduate Diploma in Biblical and Theological Studies	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
MADevS	Master of Arts in Developmental Studies		
	Concentrations:		
	1. Community Development & Theology	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	2. Gender, Health & Theology	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
MALM	Master of Arts in Leadership and Management	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
MABTS	Master of Arts in Biblical and Theological Studies		
	1. Biblical Studies	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	2. Theological and Historical Studies	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	3. Mission Studies	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
MTh	Master of Theology	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time

Application Check List (Please do not mark; this section is intended for office use only)

- Two Recent Photographs
- Copies of Diplomas with the Originals
- Official Transcripts
- Church Recommendation
- Application Fee of 100.00 ETB (One Hundred Ethiopian Birr Only)

Applicant's Signature: I hereby declare that all the information in this application is TRUE.

Signature _____

Date _____