

Ethiopian Graduate School of Theology

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

Affix
Photograph
Here (3x4)

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:

- Excellent Very good Good

- Excellent Very good Good

- Excellent Very good 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 (in person class) | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| PGD | Post Graduate Diploma in Biblical and Theological Studies (Hybrid Education on part-time basis) | <input type="checkbox"/> Addis Ababa | <input type="checkbox"/> Hawassa |
| 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 |
| MA-PSD | Master of Arts in Peace and Sustainable Development | <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 |
| | 4. Islamic 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 & Transcripts with the Originals
- Official Transcripts
- Church Recommendation
- Application Fee of 300.00 ETB (Three Hundred Birr Only)

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

Signature _____

Date _____