

Ethiopian Graduate School of Theology

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P.O. Box 24934 Code 1000 Addis Ababa, Ethiopia Tel. 251-11-371-5588 Mob 251-970-138488

Application for Admission to the **Doctoral Programme**

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			Date of Birth (dd/mm/yy)				Sex
Occupation							
II. Current Address						Church Affil	liation
Country		ID/Passport N	lo <u>.</u>		Deno	mination	
Region City Sub-City		Phone:(Off.)		Local Church			
					Position/Ministry Involvement		
		Postal Address(Mob.) E-mail		(Mob.)	-		
Woreda House No							
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II. Marital Status: □ Single □	Married	☐ Engaş	ged 🗖	Widow	ed ·	☐ Divorced	☐ Remarrie
Spouse's Name:				Nu	ımber o	f Children	
V. Language Compete	ncies						
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VII.		nances: How do you anticipate financing your studies? Please check as necessary spected	
		My Denomination (give name):	(Provisional in ETB)
		My Local Church (give name):	
		Donor Organization (give name):	
		My Office (give name):	
		Friends	
		Personal Funds	
		Other Sources (give name):	
VIII.	R	equired Documents	
	a. b. c. d. e. f. g.	Two Recent Photographs Academic Documents: copies of all Diplomas & Transcripts with the Originals Official Transcripts Curriculum Vitae Letter of Intent: Write why you want to do Ph.D. studies and what you want to rese pages) Application Fee of 600.00 ETB (Six Hundred Birr Only) 3 References: Each referee will be required to provide a competent written recon Each reference should list (1) name, (2) mailing address, (3) telephone, mobile, fa address for contact. 1) One Academic under whom you have studied at Master's level. 2) Your present or most recent institution 3) The Pastor of your Church who has known you for more than one year.	nmendation on your behalf.
IX.	$\mathbf{A}_{]}$	pplicant's Signature: I hereby declare that all the information in this applic	cation is TRUE.
		this application form, I promise, if accepted as a student, to be subject to rey, educational and spiritual standards of EGST.	gulations governing the
Sign	natur	re Date	
Returi	n this	completed form and all enclosures to the registrar.	