

(for office use only)

Date received _____

Fee _____ Year _____



APPLICATION FOR ADMISSION

CHURCH ON THE ROCK THEOLOGICAL SEMINARY

Dorathota, Box-3, Bheemunipatnam P.O., Visakhapatnam - 531 163, A.P. India

Phone : 9040078300 E-mail : johnsontitus@cotr.in, principal@cotr.in

An Educational Institution of the New Testament Church of India

Please indicate the program

- Ph.D. in Missiology
- Master of Theology in Missiology
- Master of Theology in History of Christianity
- Master of Divinity (Residential)
- Master of Divinity (DOES)*
- Bachelor of Theology (Residential)
- Bachelor of Theology (DOES)*
- Dip. Th. (Diploma in Theology)

Affix passport size picture

* Does - Dept. of Extension Studies

1. Name (in block letters) _____

2. Present Mailing Address _____

H.No./Name

Post Office

City/district

State

Pin code

Country

3. Permanent Mailing Address _____

Hs. no./name

Post Office

City/district

State

Pin code

Country

4. Telephone Number _____ Email Address _____

5. Date of Birth _____ Place of Birth _____

Month

Day

Year

6. Gender: Male Female

7. Marital Status : Single Married Widowed Date of Marriage _____

Spouse's Full Name _____ Number of Children _____

Is your spouse accompanying you? _____ / planning to study ? _____

8. Name and Address of Father /Guardian _____

Hs. no./name

Post Office

City/district

State

Pin code

Country

9. Mother Tongue _____ Other language (s) you speak, read and write _____

10. Country of Citizenship _____

11. If you have previously applied to COTRTS, indicate year and program _____
12. Are you a transfer student? _____. If yes, will you request to transfer any previous seminary credits? _____. Show details.
13. List in chronological order all the institutions (high school, undergraduate or graduate), which you have attended since high school (including vocational training).

Name and Location of the Institution	Year of Study	Medium of Instruction	Degree	Date of Receiving Degree	GPA/Class

15. Special honors conferred _____
16. Who will provide your letters of reference (attach the letters)
- a. Ecclesiastical Reference _____

- b. Academic Reference _____

17. What is the name of the local congregation you attend, minister's name, address and phone number.

18. What is your denominational affiliation ? _____
19. What are your special talents, hobbies or interests? _____
20. Are you personally acquainted with a member of the COTRTS faculty or staff? _____ If so, please identify that person _____

21. Please indicate all employment / ministry experiences you have

No.	Title or Description of Work. / Ministry	Employer	Period of Work/Ministry

22. How did you hear about COTRTS ? _____

23. At present, what are your vocational objectives? (List 1,2, and 3 in order of your preference)
 Pastoral Ministry Teaching Missionary Service Youth Ministry Other

24. Please attach a statement explaining your desire to pursue theological education, and reasons for your interest in COTRTS in particular. (one page). Use additional paper.

25. Please provide a statement of your experience as a Christian, including your salvation experience, significant spiritual events in your life, and areas in which you have seen or are experiencing growth. (one page) Use additional paper.

26. When did you accept Jesus Christ as your personal Savior and Lord? _____

27. When did you take water baptism? _____ (attach Baptismal Certificate)

28. Do you exercise any spiritual gift/s? _____ Specify _____

29. Do you have the call of God for Christian ministry ? _____ What assurance do you have of the call? _____

30. Are you willing to be a servant - leader? _____

31. What is your attitude towards work? _____

32. Do you have any known health or physical problem which may hinder your study? _____ if so, please describe _____

Enclose medical certificate by a registered medical practitioner.

33. **If you are admitted to COTRTS, you will be required to produce certification that you are able to financially support yourself, and your family, if family accompanies you.**

If you are not able to support yourself, who will be supporting you?

Father/Guardian _____ Local Church / Denomination _____

Any Organization / Sponsoring Body/Agency _____

Please complete the enclosed financial Guarantee form

DECLARATION AND PLEDGE

I, _____, hereby, do declare that all the details, which are mentioned above, are true to the best of my knowledge. I assure that, if I am admitted, I will abide by the rules and regulations of COTR theological Seminary. I will try to maintain a very high academic standard and lead a life worthy of the calling I have received. I will submit to the Spirit of unity and love, and to the right of the Seminary administration to take any appropriate disciplinary action against me, if in their judgement, my behaviour or character or doctrine is contrary to the spirit and emphasis of the Seminary.

Signature of the applicant

Date

(Any falsification of the document will cause dismissal)

FOR OFFICE USE ONLY

- a. When the application was received
- b. Has application fee been paid ?
- c. Have all the required documents been submitted?
- d. Grade of the Entrance Examination
- e. Admission : Approved / Rejected / Deferred
- f. Remarks
- Date Signature of the Registrar

DOCUMENTS REQUIRED

- | | |
|--|---|
| 1. Two Passport-size Photographs | 8. Non-Refundable Application Fee of Rs. 300/- |
| 2. One Stamp-size Photograph | 9. A Statement of Why Seeking Admission at COTR |
| 3. Transcripts of all your Diplomas and Degrees (Xerox) | 10. Reference Form (Academic) |
| 4. Certificates of all your Diplomas and Degrees (Xerox) | 11. Reference Form (Ecclesiastical) |
| 5. Medical Certificate as in the Form Appended | 12. No Objection Certificate (Incase of Transfer) |
| 6. Financial Commitment Letter as in the Form Appended | 13. Baptism certificate |
| 7. One Page Testimony | 14. TM Scholarship Application |

Send your duly filled in application with all documents to :

REGISTRAR
COTR Theological Seminary
Dorathota, Christ City, Box-3, Bheemunipatnam P.O.,
Visakhapatnam - 531 163
A.P. INDIA.



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Phone : 9040078300 E-mail : johnsontitus@cotr.in, principal@cotr.in

THIS PORTION TO BE COMPLETED BY APPLICANT

1. Name (in block letters) _____

2. Present Mailing Address _____

H. No./ name

Post office

City/district

State

Pin code

Country

3. Phone _____ Program of Study _____

Date _____

Signature _____

A. LETTER OF REFERENCE (ECCLESIASTICAL)

CONFIDENTIAL

The Admission Committee of COTRTS takes very seriously the evaluation that you give below. Our primary concern is to admit those who are deemed by their spiritual mentors to be called by God to His service.

1. How long have you known the applicant ? _____

How well? Very well Rather well Casually Not well

2. Spiritual Maturity : Please check the appropriate box and write a short explanation in given space

	Not Observed	Weak	Fair	Good	Out Standing
A. Relationship to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Relationship to spouse/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C. Relationship to Church body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Not Observed	Weak	Fair	Good	Out Standing
D. Relationship to those outside the church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Applicant's gifts and potential for ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. What have you (or the church) recognized as the applicant's primary qualification both for study and for ministry?

4. How would the applicant respond to an academic training environment such as the one at COTRTS?

5. What might be the main hindrance to the applicant's time of study at COTRTS?

6. Please list any and all reservations you have concerning the applicant.

7. Would you happily receive the applicant, upon his completion of course, for your pastorate or church staff or prefer him/her as a colleague? If not, Why?

Summary

- highly recommend
- recommend
- recommend with reservation
- do not recommend
- please contact me for the further information

Signature

Name

Position

Institution

Address

.....

.....

.....

Phone

Email

Date



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1. Name (in block letters) _____

2. Present Mailing Address _____

	H. No./ name	Post office
City/district	State	Pin code
		Country

3. Phone _____ Program of Study _____

Date _____ Signature _____

B. LETTER OF REFERENCE (ACADEMIC)

(To be completed by the Principal/Dean of Academics of the institution last attended)

CONFIDENTIAL

1. How long have you known the applicant? _____
 How well? Very well Rather well Casually Not well
2. How many of your courses has the applicant completed? _____ Graduate
 (in the case of B.Th, M.Div, M.Th. applicants and transfer students) Undergraduate
3. Among college students or seminarians, the applicant's ability rate in the :
 Top 10% Top 25% Top 50% Bottom 50%
4. How would you assess the applicant's abilities in the following areas?

	Not Observed	Weak	Fair	Good	Out Standing
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not Observed	Weak	Fair	Good	Out Standing
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please use this space (or a separate page if necessary) to make additional comments regarding the applicant's strengths and weaknesses that might be helpful in evaluating this applicant for admission.

Summary

- highly recommend
- recommend
- recommend with reservation
- do not recommend
- please contact me for the further information

Signature

Name

Position

Institution

Address

.....

.....

.....

Phone

Email

.....

Date



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FINANCIAL STATUS AND GUARANTEE FORMS

Dear applicant,

Please fill in section A and forward section B to the person/organization taking responsibility for paying your fees at COTRTS. If you are self-sponsored, you may fill in section B yourself, but it must be co-signed by a responsible person (father/guardian). The completed form should be mailed to the Office of the Registrar along with the application for admission.

SECTION A - Financial Status Form

1. Name :	_____
2. Name of father/guardian	_____
Occupation	_____ Annual income _____
Employer's name and address	_____

3. If married, name of spouse	_____
Occupation	_____ Annual income _____
Employer's name and address	_____

4. Total family income	_____ and property owned _____

5. Details on the dependent(s), If any	
Name	_____ Age _____
Name	_____ Age _____
Name	_____ Age _____

SECTION B - Financial Guarantee Form

This section is to duly filled and signed by the sponsor of the student and returned to the Seminary. The student is required to pay his/her fees in three installments as directed by the Seminary Administration. If a student fails to clear his/her arrears at least one week prior to the date of final examination, the admit card will not be issued to him/her. If fee is sent directly to COTRTS, DD/MO must be drawn/addressed in favor of/to COTR College of Ministries.

(Answer either 1 a or 1b)

1a. Name(s) of sponsor(s) (If sponsored by individual (s) _____

Address(es) _____

1b. Name of sponsoring body _____
(if sponsored by an organization)

Name of the Executive Director/President of the organization _____
Address _____

2. Duration of sponsorship (please tick one of the following)

One year Two year Three year

KINDLY TREAT THE STATEMENT OF SPONSORSHIP WITH UTMOST SERIOUSNESS BECAUSE THE SEMINARY HOLDS THE SPONSOR RESPONSIBLE TO FULFILL THE FINANCIAL COMMITMENT.

STATEMENT OF SPONSORSHIP

I hereby solemnly undertake the full financial sponsorship of _____
_____ upon his / her admission to COTR Theological Seminary, in
accordance with the terms stipulated above.

Signature

Official Seal (if an Organization)/
Co-sign. of father/guardian

Date



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MEDICAL REPORT (To be completed by a Registered Medical Practitioner)

Name _____ Age (in figures) _____

Eye _____ Ear _____ Arms _____

Legs _____ Nose _____ Throat _____

Mouth _____ Teeth _____ Skin _____

Heart _____ Pulse _____ Blood Pressure _____

Lungs _____ Any symptom of Tuberculosis _____

Adbomen _____ Liver _____ Spleen _____

Urine _____ Sp. Gr. _____ Albumen _____

Result of VDRL test _____ Hernia _____ Venereal Diseases _____

Sugar _____ Does the candidate suffer from Epilepsy or fits ? _____

Does the candidate suffer from any contagious disease? _____, If so, what ? _____

Has the candidate suffered from any illness such as Malaria and Typhoid in the past year ?

Is the candidate medically fit to undergo rigorous training? _____

CERTIFICATE

Having personally given a thorough examination to _____, who is a candidate for admission to COTR Theological Seminary, I do hereby certify that to the best of my knowl-edge, he/she is free from all contagious and infectious diseases.

Other remarks _____

.....
Signature of the candidate

Doctor's signature & Official seal

.....
.....
.....

- Note :
1. Candate must be vaccinated against smallpox, typhoid, cholera within three months prior to admission the Seminary or an arrival. Produce the certificate of vaccination
 2. Candidate will be expected to submit any further examination or tests suggested by Seminary Doctor.
 3. Frequent illness can cause termination of studies.



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THE TITUS MINISTERIAL SCHOLARSHIP

COTRTS believes that no qualified student should be discouraged from pursuing a seminary degree for merely financial reasons. COTRTS will work with each individual student to create a plan that will allow him/her to realize their goals. The COTRT Seminary provides scholarship/work scholarship to all the full time students and this must be renewed every year on the following conditions

- m Student should maintain an average of B grade (for the first years % equaling to B)
- m Students should report on the seminary reopening day, actively participate in the curricular and co curricular activities
- m Based on the ministry potential the scholarship is granted by the Seminary Admin committee
- m Yearly student scholarship is granted only to the students who successfully complete the course, those who discontinue their studies are not eligible for the scholarship and should pay the total fee due as on date
- m Scholarship is granted/ adjusted to the total fee payment on monthly basis
- m This scholarship will be renewed yearly based on the student's academic and overall performance
- m Applicant should write a vivid testimony (explaining the family background, call, commitment to ministry ...)
- m To assist in the COTR ministries (if required, during the summer holidays)

The new students should send this request form to the seminary along with their application for admission. Scholarship applications are to be submitted annually, the deadline for the returning student is 31st January and the decision on the application will be communicated to the student on or before 1st April

Any unusual situation shall be submitted to the President to be considered in consultation with the Executive Committee of the Board which shall then take such actions as it deems advisable.



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COTRTS APPLICATION FOR THE TITUS MEMORIAL SCHOLARSHIP

Date of application _____ Academic Year: 20 _____

Name _____

Email: _____

Mailing Address (address where correspondence can be mailed to you during the academic year):

_____ Phone _____

Home Address (if different) _____

_____ Phone _____

Marital Status _____ Spouse's Name _____

Name(s) and age(s) of children: _____

Home Church: _____

Pastor: _____

Address: _____

Program of Study: _____ (20____ - 20____)

COTRTS- TM Scholarship for 20____ -20____

Pledge: I affirm that the information in this application is correct to the best of my knowledge, and I have read and agree to the conditions

Signature