

(for office use only)

Date rec'd _____

Fee _____ Year _____



APPLICATION FOR ADMISSION

CHURCH ON THE ROCK THEOLOGICAL SEMINARY

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

Phone : 08933-200182, 200097, 200092 E-mail : mktitus@hotmail.com

An Educational Institution of the New Testament Church of India		
Please indicate the program	<input type="radio"/> Master of Theology in Missiology	Affix passport size picture
	<input type="radio"/> Master of Theology in History of Christianity	
	<input type="radio"/> Master of Divinity	
	<input type="radio"/> Master of Divinity (Satellite Program)	
	<input type="radio"/> Bachelor of Theology	
To be filled in by the applicant and submitted to the Office of the Registrar before _____		

1. Name (in block letters) _____
Last / Family Name First Middle

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	Dates Attended	Medium of Instruction	Degree	Date Received or expected	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 and address? _____

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 and/or ministry experience you have

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

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 conversion, 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 admitted to COTRTS, you will be required to present certification which shows that you are able to support yourself, and your family, if family accompanies you.**

If you are not supporting yourself, who will be supporting you?

Father/Guardian _____ Local Church / Headquarter _____ 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 my best 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 may cause dismissal)

FOR OFFICE USE ONLY

- a. Date 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 | 7. One Page Testimony |
| 2. One Stamp-size Photograph | 8. Non-Refundable Application Fee of Rs. 150/- |
| 3. Transcripts of all your Diplomas and Degrees (Xerox) | 9. A Statement of Why Seeking Admission at COTR |
| 4. Certificates of all your Diplomas and Degrees (Xerox) | 10. Reference Form (Academic) |
| 5. Medical Certificate as in the Form Appended | 11. Reference Form (Ecclesiastical) |
| 6. Financial Commitment Letter as in the Form Appended | 12. No Objection Certificate (Incase of Transfer) |

Send your duly filled in application with all documents to :

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



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THIS PORTION TO BE COMPLETED BY APPLICANT			
1. Name (in block letters) _____			
	Last / Family Name	First	Middle
2. Present Mailing Address _____			
			Post office
H. No./ name			
City/district	State	Pin code	Country
3. Phone _____		Anticipated 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 space given

	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"/>

C. Relationship to Church body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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 and why?
4. How would the applicant respond to an academic training environment such as the one here at COTRTS and why?
5. What might be the main hindrance to the applicants's time of study here and why?
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? Why/why not?

Summary

- _____ recommend with enthusiam
- _____ recommend
- _____ recommend with reservation
- _____ not recommend
- _____ please contact me for the further information

Signature

Name

Position

Institution

Address

.....

.....

.....

Phone

Email

.....

Date



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THIS PORTION TO BE COMPLETED BY APPLICANT

1. Name (in block letters) _____

	Last / Family Name	First	Middle
--	--------------------	-------	--------

2. Present Mailing Address _____

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

3. Phone _____ Anticipated 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 applicants's ability rates in the :
 Top 10% Top 25% Top 50% Bottom 50%

4. How would you assess the applicants'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

- _____ recommend with enthusiam
- _____ recommend
- _____ recommend with reservation
- _____ 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. COTRTS prefers the sponsor to be an organization or a local church.

SECTION A - Financial Status Form

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

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

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

5. Total family income	_____ and property owned _____
6. 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 before the 15th of every month of his/her stay at COTRTS. 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 the 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 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 knowledge, 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.
 2. Candidate will be expected to submit any further examination or tests suggested by Seminary Doctor.
 3. Frequent sickness can cause termination of studies.