

CHURCH ON THE ROCK THEOLOGICAL SEMINARY GLOBAL

ONLINE (COTRTS-GO)

APPLICATION FOR ADMISSION

Co	urse: Bachelor of Theology (B.Th.) Master of Arts (Theology) Master of Divinity (M.Div.)	Affix a recent passport size photo
1. 2.	Name (in block letters as in the official documents): Mailing Address,	
3.	Mobile Number Email Address	<u></u>
4.	Date of BirthPlace of Birth	
5.	Gender: Male Female	
6.	Marital Status: Single Married Widowed	
7.	Name and address of Father/ Guardian	<u>.</u>
8.	Mother tongue Other Languages you Speak, Read and write	
9.	Country of Citizenship:	
10.	When did you become a born-again Christian?	
11.	Of which church denomination are you a member?	
12.	Of which local church or assembly are you a member?	

13. List in chronological order all the institutions (high school, undergraduate or graduate), which you have attended since high school (including vocational training)

Name of the Institution	Year	Medium	Degree	Year	GPA/Class Grade
					Grade

- 1. Special Honors Conferred:______.
- 14. Who will provide your letter of reference (attach the letter from your Pastor/church elder in the form enclosed)
- 15. Give details of the local church you attend with pastor's contact details:

16. What are your hobbies and special interests?_____

17. Please indicates all employment/ ministry experiences you have

Description of work / Ministry	Employer	Period of work/ Ministry
	Description of work / Ministry	Description of work / Ministry Employer

18. How did you heard about COTRTS-GO?

19. What is your present occupation/ministry?

- 20. Please attach a statement explaining your desire to pursue theological education and reasons for your interest in COTRTS-GO in particular. (One Page Use additional paper).
- Please provide a statement of your experience as a Christian, Including your conversion, significant spiritual events in your life, and areas in which you were seen or are experiencing growth. (One Page - Use additional paper)

DECLARATION AND PLEDGE

I,______hereby do declare that all the details which are mentioned above are true to best of my knowledge. I assure that, if I am admitted, I will abide by the rules and regulations of COTRTS-GO. \to the right of the Seminary administration to take any appropriate disciplinary action against me, if, in their judgment, my behavior or character is contrary to the emphasis of the seminary.

Signature of the applicant

Date:

(Any falsification of the document may cause dismissal)

FOR OFFICE USE ONLY

a. When was application received?_____

b. Have all the required documents been submitted?

c. Admission: Approved/ Rejected/Deferred_____

d. Remarks_____

Date:

Signature of the Registrar

Name (in block letters)				<u>.</u>	
Present Mailing Address					<u> </u>
H. No/ name		Post Office			
City/ District	State	Р	in Code	(Country
Phone		Program of	f study		
Date		Signature	2		
The Admission Committee of CO below. Our primary concern is to a called by God to His Service. We l filled form directly to <u>deancotrgo(</u> . How long have you known the a	ndmit those who keep your inform <mark>Ogmail.com</mark>	are deemed	by their s	piritual mer d ask you to	ntors to be
. Spiritual Maturity: Please check	the appropriate Not observed	e box. weak	Fair	Good	Out
A. Relationship to Christ B. Relationship to spouse/family					

3. What have you (or the church) identified as the applicant's primary qualification for study?

- 4. How would the applicant respond to an academic training environmental such as the one at COTRTS-GO?
- 5. What might be the main hindrance to the applicant's time of study at COTRTS-GO?
- 6. Please list any and all reservation you have concerning the applicant

<u>Summary</u>



Highly recommend



Recommended



Recommend with reservation



Do not recommend



Contact me for further information

Signature:					
Name:					
Position:					
Church:					
Address:					
Phone:					
Email:					

THIS PORTION TO BE COMPLETED BY APPLICANT					
Name (in block letters)		<u>.</u>			
Present Mailing Address			<u> </u>		
City/ District Phone	State .	Pin Code Program of study	5		
Date	<u> </u>	Signature	<u> </u>		

Name of the mentor:

Educational/ Theological qualification and the name of accrediting/affiliating body:

Present position in the church/ ministry/ organization: Years in the ministry:

Address for communication:

Declaration: I do here by declare that I am willing to be a mentor for student/s of COTRTS-GO and promise to give my best to build the theological, academic, spiritual and ministry life of my mentee/s. I will discuss but will not force any doctrinal issues on the student.

Date

Signature

DOCUMENTS REQUIRED

- 1. Attested Certificates of all yours Diplomas and Degrees(photocopies)
- 2. Attested Transcripts of all your Diplomas and Degrees (photocopies)
- 3. Pastor reference (directly mailed to the Dean office) letter and Mentor agreement as in the Form Appended
- 4. One Page Testimony

Send duly filled in application with all documents to: The

Dean (COTRTS-GO) Phone:9443887229

E-mail: deancotrgo@gmail.com