

# EVANGELICAL THEOLOGICAL COLLEGE (ETC)

P. O. box 5773

Telephone +25111 371 20 73

E-Mail [etccollege@ethionet.com](mailto:etccollege@ethionet.com) Website: [www.etccollege.org](http://www.etccollege.org)

## Post Graduate Application Form

(Application Fee ETB 200.00 must be attached to this form to be processed)

Attach Two  
Photos Here

### Personal Information

Full Name (Please print) \_\_\_\_\_  
 \_\_\_\_\_ *Your Name*      \_\_\_\_\_ *Your Father's Name*      \_\_\_\_\_ *Your Grandfather's Name*

Nationality \_\_\_\_\_

Birth Place \_\_\_\_\_  
 \_\_\_\_\_ Country      \_\_\_\_\_ Town/City

Date of Birth (G.C.) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ Month      \_\_\_\_\_ Date      \_\_\_\_\_ Year

Address \_\_\_\_\_  
 \_\_\_\_\_ Town/City      \_\_\_\_\_ Wereda      \_\_\_\_\_ Kebele      \_\_\_\_\_ House No.      \_\_\_\_\_ Phone (home)

\_\_\_\_\_ Phone (office)      \_\_\_\_\_ P. O. Box      \_\_\_\_\_ E-Mail

Marital Status: Single  Married  Widowed  Divorced  Remarried

Spouse's Name (if married) \_\_\_\_\_

Your Occupation/Ministry \_\_\_\_\_

If you have an employment who is your Employer? \_\_\_\_\_

Of which church group/denomination are you a member? \_\_\_\_\_

Church Address \_\_\_\_\_  
 \_\_\_\_\_ Town/City      \_\_\_\_\_ Wereda      \_\_\_\_\_ Kebele      \_\_\_\_\_ House No.      \_\_\_\_\_ Phone

\_\_\_\_\_ P. O. Box      \_\_\_\_\_ E-Mail

Are you handicapped? If yes, how? Hearing  Vision  Other  please specify \_\_\_\_\_

### Schools

Give a complete record of all schools attended starting from high school (include college, university, Bible institute, seminary, correspondence and other schools).

Name of School	Location	Years attended From      To	Degree/Diploma/ Certificate Pursued	Major	Graduated Yes      or      No
		-			<input type="checkbox"/> <input type="checkbox"/>
		-			<input type="checkbox"/> <input type="checkbox"/>
		-			<input type="checkbox"/> <input type="checkbox"/>
		-			<input type="checkbox"/> <input type="checkbox"/>

**Attention!** You need to bring the original as well as a photocopy of each document relevant for the application process. The originals will be returned to you.

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## Application Questionnaire

**Note:** ETC requires a minimum grade point average (GPA) of 2.5 in the undergraduate level to qualify for the MA program .

**Please tick your program of choice.**

Holistic Child Development (MA-HCD)

Educational Leadership (MA-EdL)  Youth Ministry (MA-YM)

Christian-Muslim Relations (MA-CMR)

Are you planning to enroll full time or part time? Full time  Part time

**Note:** Students who are taking four courses and above in a semester are considered to be Full Time and those who are taking three courses and below are considered to be Part Time .

Are you able to cover all your expenses for attending ETC through your own resources or otherwise?  Yes  No If not, what is your plan? \_\_\_\_\_

If you are accepted, do you agree to abide by the rules of the College?  Yes  No

Signature of Applicant \_\_\_\_\_

**Note:** The deadline to turn in your application to ETC is Friday, April 9,2018. The entrance exam is on Apri;,2018 at8:00AM

**State in fifty (50) words or less why you would like to enroll in the ETC Post Graduate program?** -----

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### TO BE FILLED BY THE REGISTRAR

THE FOLLOWING ITEMS WILL BE CHECKED BY THE REGISTRAR BEFORE APPLICATION IS CONSIDERED COMPLETE FOR AN ACCEPTANCE PROCESS:

- \_\_\_\_\_ The originals and Photocopies of post secondary degrees
- \_\_\_\_\_ The originals and photocopies of transcripts of all post secondary courses taken
- \_\_\_\_\_ Two current photographs of the applicant (Applicant's name written at the back)
- \_\_\_\_\_ Applicant's Personal Testimony
- \_\_\_\_\_ Church Recommendation Form
- \_\_\_\_\_ Non-refundable application fee of EB 100



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## CHURCH RECOMMENDATION FORM (CONFIDENTIAL)

**Note: This form is to be given to the pastor or to one of the elders of the applicant's church. After completing this form, he/she should send it in a sealed envelope by hand or by mail to: The Registrar, ETC, Box 5773, Addis Ababa. The application will not be considered complete without this form. Please PRINT.**

Name of Applicant \_\_\_\_\_

Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_

Church Address \_\_\_\_\_  
Town/City \_\_\_\_\_ Wereda \_\_\_\_\_ Kebele \_\_\_\_\_ House No. \_\_\_\_\_ Phone \_\_\_\_\_

P. O. Box \_\_\_\_\_

E-Mail \_\_\_\_\_

How long has the applicant been a believer? \_\_\_\_\_

Is the applicant a member of your church?  Yes  No

How long has he/she been a member? \_\_\_\_\_

In what church ministries is the applicant involved? \_\_\_\_\_

Has this person been publicly dedicated to the ministry in your church?  Yes  No

What can you tell us about his or her character? (Write strengths and weaknesses)

Strengths \_\_\_\_\_

Weaknesses \_\_\_\_\_

How well does the applicant work under authority? \_\_\_\_\_

Why do you feel this applicant should attend the ETC? \_\_\_\_\_

**I hereby**

**Strongly recommend**

**Recommend**

**Do not recommend**

**this applicant as a student at the Evangelical Theological College.**

Name of person filling in this form \_\_\_\_\_ Position in the church \_\_\_\_\_

Phone number \_\_\_\_\_ e-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Church Stamp \_\_\_\_\_