

EVANGELICAL THEOLOGICAL COLLEGE (ETC)

PO Box 5773 • Telephone: +251 11 371 2073 • Email: etcollege@ethionet.com • www.etcollege.org

Postgraduate Application Form

(Application Fee of ETB 100.00 must be attached to this form to be processed)

Attach two (2)
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/Day/Year)

Address: _____
 Town/City Wereda Kebele House No Phone (home)

_____ Phone (office)

_____ PO Box

_____ Email

Marital Status: Single Married Divorced Remarried

Spouse's Name (if married): _____

Your Occupation / Ministry: _____

Employer (if employed): _____

Church group/denomination: _____

Church Address: _____
 Town/City Wereda Kebele House No

_____ Phone (office)

_____ PO Box

_____ Email

Are you handicapped? If yes, how? Hearing Vision Other _____

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	Degree/Diploma/ Certificate Pursued	Major	Graduated
		(From - To)			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 of the results of each ESLCE (Ethiopian School Leaving Certificate Examination) that is relevant for the application process with a photocopy of each. The originals will be returned to you.

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APPLICATION QUESTIONNAIRE

Which program are you planning to attend?

Holistic Child Development (MA-HCD) Educational Leadership (MA-EdL)

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

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: _____

PERSONAL STATEMENT

State in fifty (50) words or less, why you would like to enroll in the ETC postgraduate 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 on the back)
- _____ Applicant's personal testimony
- _____ Church recommendation form
- _____ Non-refundable application fee of ETB 100.00

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CHURCH RECOMMENDATION FORM

THIS FORM IS 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, Evangelical Theological College

PO 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 (office)

PO Box

Email

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/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?

What future ministry or service do you anticipate he/she will have in your church?

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: _____

Signature: _____ Date: _____ Church Stamp: _____

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INSTITUTIONAL RECOMMENDATION FORM

Name of Applicant: _____ Address: _____

Phone: _____ Email: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. IF YOU DO NOT FEEL YOU HAVE ENOUGH INFORMATION TO ANSWER A QUESTION, ENTER "N/A."

What is the nature of your relationship to the applicant? How long and how well have you known him/her?

Comment on the applicant's spiritual growth and evidence of a life committed to Christ and the Church:

Describe the applicant's ability to work with others:

How does the applicant handle authority, both as a leader and as one who is submitted to authority?

How have you seen humility and teachability displayed in the life of the applicant?

In what areas does the applicant need to grow?

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In order to give a better profile of the applicant, please rate the applicant in each of the following areas. Circle the number which, in your opinion, best represents the applicant on the scale for each category:

	Unsatisfactory	Satisfactory	Good	Very Good
Integrity	1	2	3	4
Personality	1	2	3	4
Emotional stability	1	2	3	4
Perseverance	1	2	3	4
Initiative	1	2	3	4
Learning ability	1	2	3	4
Leadership skills	1	2	3	4
Dependability	1	2	3	4

Would the applicant be able to do research and cope with postgraduate work?

Yes No Not sure

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: _____

Postal Address: _____ Phone: _____ Email: _____

Signature: _____ Date: _____ Church Stamp: _____