



Assemblies of God Bible College

Courts Road, Weligampitiya, Ja-Ela 11350, Sri Lanka

Master of Arts in Christian Ministries

Application Form

1. Full Name with Title : _____



2. Name you wish to be known by: _____

3. Date of Birth: Day _____ Month _____ Year _____

4. Nationality: _____

5. Sex: Male _____ Female _____

6. Civil Status: Single _____ Married _____ Widower/Widow _____ Divorced _____

7. Mother Tongue: _____

8. Email Address: _____

9. Mobile Number: _____

10. Postal Address: _____

11. National Identification Card / Passport Number: _____

12. Denominational Affiliation: _____

13. Your Present involvement in Christian ministry (describe the nature of your ministry in brief)

14. References: (Give names of two referees – two separate forms need to be filled by them)

Name	Designation
1. _____	_____
2. _____	_____

15. Previous Professional Qualifications: Tell us about your academic or other professional qualifications which make you eligible for this course. Please attach certificates.

Name of University / College /School	Date of Graduation	Name of Degree

I, declare that the above information furnished by me is true and accurate to the best of my knowledge

.....
Date

.....
Signature of Applicant

Office Use / Comments

Application received on:

Interview date:

Admission date:

Comments:



Assemblies of God Bible College

Master of Arts in Christian Ministries

Reference No. 1

Name of Applicant: _____

Dear Pastor / Sir / Madam,

The above applicant has applied to study at the Assemblies of Gods Bible College. He / She has given your name as a reference. **We request a frank evaluation, your comments will be held in the strictest confidence.**

Name of Recommender: _____

Address: _____

Telephone No.: _____ Mobile: _____ E-Mail: _____

Is the applicant related to you? _____ In what connection? _____

How long have you known the applicant? _____ In what connection? _____

Please evaluate the applicant by placing a mark in the appropriate box below.

	Excellent	Good	Average	Can improve	Poor
Spiritually Maturity					
Involvement in Church activities					
Working with others					
Emotional stability					
Christian character / testimony					
Responsibility / Faithfulness					
Leadership potential					
Attitude towards leaders					
Willingness to learn					
Ability to study & communicate					

I recommend this applicant for admission to your College:

- | | | | |
|----------------------|---|-------------------------------------|---|
| With enthusiasm | ? | With reservation | ? |
| With some confidence | ? | I Do Not Recommend Admission | ? |

.....
Signature of Recommender

.....
Date



Assemblies of God Bible College

Master of Arts in Christian Ministries

Reference No. 2

Name of Applicant: _____

Dear Pastor / Sir / Madam,

The above applicant has applied to study at the Assemblies of Gods Bible College. He / She has given your name as a reference. **We request a frank evaluation, your comments will be held in the strictest confidence.**

Name of Recommender: _____

Address: _____

Telephone No.: _____ Mobile: _____ E-Mail: _____

Is the applicant related to you? _____ In what connection? _____

How long have you known the applicant? _____ In what connection? _____

Please evaluate the applicant by placing a mark in the appropriate box below.

	Excellent	Good	Average	Can improve	Poor
Spiritually Maturity					
Involvement in Church activities					
Working with others					
Emotional stability					
Christian character / testimony					
Responsibility / Faithfulness					
Leadership potential					
Attitude towards leaders					
Willingness to learn					
Ability to study & communicate					

I recommend this applicant for admission to your College:

- With enthusiasm With reservation
 With some confidence **I Do Not Recommend Admission**

.....
Signature of Recommender

.....
Date