



CHURCH OF GOD

SEMINARY KUWAIT

(An Approved Institution of Church of God, Division of Education, Cleveland, TN, USA)

APPLICATION FOR ADMISSION

(MUST ANSWER ALL QUESTIONS CLEARLY IN CAPITAL LETTERS)

| | |
|---|--|
| NAME OF APPLICANT (FIRST NAME & LAST NAME) (COMPLETE NAME AS IN PASSPORT) | |
| TELEPHONE NUMBER & WHATSAPP NUMBER | |
| EMAIL ADDRESS | |
| LOCAL ADDRESS (KUWAIT) | |
| PERMANANT ADDRESS (COUNTRY OF ORIGIN) | |
| REFERENCE 1. (NAME & TELEPHONE NUMBER) | |
| REFERENCE 2. (NAME & TELEPHONE NUMBER) | |
| GENDER – (MALE/FEMALE) | |
| MARRIED – (YES/NO) IF YES, NAME OF SPOUSE | |
| HIGHEST ACADEMIC QUALIFICATION: HIGH SCHOOL 10 TH / 12 TH / DIPLOMA / BACHELOR'S DEGREE / MASTER'S DEGREE / OTHERS | |
| NAME OF SCHOOL/INSTITUTION/UNIVERSTIY | |
| CITY, STATE AND COUNTRY | |
| YEAR OF COMPLETION AND GRADUATION | |
| THEOLOGICAL EDUCATION IF ANY? | |

| | |
|---|---|
| MINISTERIAL ORDINATION: YES / NO | |
| IF YES, TITLE, ORGANIZATION GRANTING ORDINATION AND YEAR OF ORDINATION | |
| PLEASE CHOOSE & SELECT THE PROGRAM/COURSE YOU ARE ENROLLING | 1. CERTIFICATE IN MINISTERIAL STUDIES (CIMS) (MUST HAVE COMPLETED HIGH SCHOOL) ENGLISH LANGUAGE <input type="checkbox"/> MALAYALAM LANGUAGE <input type="checkbox"/> 2. BACHELOR OF THEOLOGY (B. TH.) (MUST HAVE COMPLETED PRE DEGREE/ 12 STD) ENGLISH LANGUAGE <input type="checkbox"/> MALAYALAM LANGUAGE <input type="checkbox"/> 3. MASTER OF DIVINITY (M. DIV.) ENGLISH <input type="checkbox"/> (MUST HAVE A BACHELOR OF THEOLOGY OR ANY OTHER DEGREE) |
| NAME OF CHURCH/FELLOWSHIP YOU ARE CURRENTLY ATTENDING | |
| NAME OF PASTOR / MINISTER | |
| (MAY WE CONTACT YOUR PASTOR/MINISTER) YES/NO, IF YES PROVIDE PHONE NUMBER | |

I,DECLARE THAT THE ABOVE STATEMENTS ARE CORRECT AND TRUE, AND I WILL ABIDE BY THE RULES AND REGULATIONS OF THE SEMINARY. I UNDERSTAND THAT PROVIDING ANY FALSE STATEMENT ARE GROUNDS FOR DISCIPLINARY ACTION INCLUDING TERMINATION FROM THE SEMINARY.

DATE:

PLACE:

SIGNATURE:

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FOR OFFICE USE ONLY

| DECISION FOR ADMISSION | NAME OF COURSE | DATE OF ADMISSION | REGISTRATION NUMBER |
|------------------------|----------------|-------------------|---------------------|
| | | | |

REMARKS: _____

SIGNATURE OF DIRECTOR: _____ SIGNATURE OF PRINCIPAL: _____