



## LOGOS COLLEGE Application Form

Registration no. \_\_\_\_\_

Admission no. \_\_\_\_\_

Dear Applicant,

We are pleased to know of your desire to study at Logos College. Please complete the application and submit the following items as early as possible.

1. Please submit photocopies of all your academic certificates (Bachelors, High School (10th, 12th/ PUC) and Theological, etc) and your mark sheets.
2. A detailed personal testimony in your own words. This should include the following aspects your salvation experience, call for ministry and why you believe Logos College will equip you for effective ministry (do not exceed 500 words).
3. Recent passport size photograph (4 copies) “*affix one on the application*”
4. Pastor’s recommendation should be filled and signed by the pastor of the church you are currently attending (*form enclosed*).
5. Academic recommendation from your most recent institution (*form enclosed*).
6. Medical Assessment (*form enclosed*)
7. Application fee: Rs. 200/- along with the application

If you have any questions, please feel free to contact us by email at [info@lmcet.org](mailto:info@lmcet.org) or by phone at Ph: +251 92 941 7576.

We wish you God’s guidance as you seek His will for your life.

# APPLICATION FOR ADMISSION

Tick the appropriate one

COURSE APPLIED FOR: Diploma B.Min M.Min B.Th M.Div

## A. Personal Information

1. Name in full \_\_\_\_\_

2. Male/Female \_\_\_\_\_

3. Date of birth \_\_\_\_\_ Age \_\_\_\_\_

4. Place of Birth \_\_\_\_\_ State \_\_\_\_\_

Nationality \_\_\_\_\_

4. Which degree program are you seeking admission for?

\_\_\_\_\_

5. Permanent address

\_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

6. Mailing address

\_\_\_\_\_

\_\_\_\_\_

7. Name and address of the Father/Guardian

\_\_\_\_\_

\_\_\_\_\_

Occupation of the Father/Guardian

\_\_\_\_\_

8. Marital status  Single  Married

Attach a  
Recent  
Passport  
Size  
Photograph

9. What type of Christian ministry you hope to do when you complete your seminary training?

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10. Language proficiency:

a) Your mother tongue

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b) Other languages you can speak, read and write

Language				
Speak				
Read				
Write				

**B. Educational Qualification:**

Exam passed	Name of the College/University	Date of Completion	Name of Diploma/ Degree received	Class/Division
High school				
Hr. Sec. School (+2)				
Dip.Th/C.Th.				
B.Th				
BA/BCom/BSc				
MA/MCom/MSc				
Any other				

**C) Christian Experience and Church Affiliation**

1. When did you accept Jesus Christ as your Lord and Savior?

When? \_\_\_\_\_ and Where? \_\_\_\_\_

2. When did you receive water baptism?

3. How long have you been a Christian?

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4. Explain how you became a committed Christian and mention any particular event in your spiritual experience.

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5. What is the name of your local Church/denomination:

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6. Full address of your Local Church

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7. Mention all significant employment and ministry experiences (if you had any)

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8. Are you currently involved in Christian ministry? Yes No

Full time \_\_\_\_\_ Part time \_\_\_\_\_

State the nature of your ministry \_\_\_\_\_

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**D. Financial Information**

1. How will you manage your fee?

\_\_\_\_\_ Self-support                  \_\_\_\_\_ Sponsor  
\_\_\_\_\_ Church's Support          \_\_\_\_\_ Body/ Individual

Please provide the name and address of the person/Church to whom the bill shall be sent for payment.

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2. Give the name and address of the following persons who know you very well:

a. An official of your Local Church/Mission/Organization

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b. A responsible person who knows you well

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**E) Recommendations**

Please complete the section below (*This must not include your parents, family members or other close relatives*). Please have these persons complete the letter of recommendation forms and sent directly to college or return them to you in a sealed envelope. Include these with the application form you send to Logos College.

Pastor’s Recommendation Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic Recommendation Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION AND PLEDGE**

*I \_\_\_\_\_ affirm that my statements mentioned above are correct to the best of my knowledge. If admitted, I strongly agree to abide by the standards of conduct of the Logos College. I shall submit to the right of the College Administration to take any disciplinary action against me, if in their judgment, my behavior, character or doctrine is contrary to the Spirit and emphases of the College.*

Signature :

Date:

***Please attach the following requirements with the Application Form:***

- 1. Attested copies of certificates of Degrees & Marksheets***
- 2. Recommendation letters***
- 3. Recent passport size photograph (4copies)***
- 4. Your personal testimony***

## PASTOR'S RECOMMENDATION LETTER

Dear Pastor,

Logos College seeks to train disciples and leaders who will be effective for church and mission of God. Hence, the applicant's eligibility for admission is dependent upon your careful evaluation and recommendation. Please answer all questions giving your opinion and evaluation of the candidate who has applied for studies at Logos College. All information given will be treated confidentially. After filling this FORM please post it directly to the registrar/Academic Dean to the above mentioned address or return to the student in a sealed envelope.

Name of the Applicant: \_\_\_\_\_

Name of the Church: \_\_\_\_\_

Name and address of the Pastor:

\_\_\_\_\_  
\_\_\_\_\_

1. How long have you known the applicant?

\_\_\_\_\_

2. What is your relationship to the applicant?

\_\_\_\_\_

3. State your knowledge about the applicant's personal commitment to Christ.

\_\_\_\_\_

\_\_\_\_\_

4. State the applicant's involvement in the local Church/any other Christian ministry

\_\_\_\_\_

\_\_\_\_\_

5. What special talents and skills does the applicant have?

\_\_\_\_\_

\_\_\_\_\_

6. State your opinion about the applicant's spiritual maturity and abilities.

\_\_\_\_\_

7. How will you rate the applicant in the following areas?

Areas	Excellent	Very Good	Good	Average	Poor
Ability to work with others					
Relationship with family					
Relationship with Church					
Integrity/Honesty					
Willingness to learn					

8. Do you think the applicant as someone whom you would hire, have as a pastor or staff member, or like to work with as a colleague?

Yes

NO

8. Please check one.

I recommend the applicant for admission to Logos College.

I do not recommend the applicant.

Place:

\_\_\_\_\_  
Signature of the Recommender

Date:

Official Seal:

Mobile Number : \_\_\_\_\_

E-mail : \_\_\_\_\_

Office Number : \_\_\_\_\_

Address : \_\_\_\_\_

# ACADEMIC RECOMMENDATION LETTER

*Name of the Applicant:* \_\_\_\_\_

Name of the person recommending: \_\_\_\_\_

Address of the Institution (Street) (City/town) (State)

\_\_\_\_\_  
\_\_\_\_\_

(Phone Number) (Email ID)

\_\_\_\_\_

*[The Academic recommendation is required from a teacher/ mentor. After filling this FORM please post it directly to the registrar/Academic Dean to the above mentioned address or return to the student in a sealed envelope.]*

1. How long have you known the applicant?

\_\_\_\_\_

2. What is your relationship to the applicant?

\_\_\_\_\_

3. State your knowledge about the applicant's personal commitment to Christ.

\_\_\_\_\_

4. What are the strengths and weaknesses of the applicant?

\_\_\_\_\_

\_\_\_\_\_

5. What is the applicant's record of academic performance during his/her studies at your school/college?

\_\_\_\_\_

\_\_\_\_\_

Place :

Date :

\_\_\_\_\_  
Signature of the Recommender



## MEDICAL ASSESSMENT FORM

Please fill out this form carefully to the best of your knowledge concerning the health of the applicant and return to the student in a sealed envelope.

**Name of the Applicant:** \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Name of the Hospital/ Clinic: \_\_\_\_\_

Address: (Street) (City/town) (State) (Postal Pin Code)

\_\_\_\_\_  
(Phone Number) (Email ID)

\_\_\_\_\_  
1. Has the applicant been treated for any illness in the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. If you answered "Yes" above, please state the illness. If you answered "No", please proceed to question # 3

\_\_\_\_\_  
\_\_\_\_\_

3. Are you aware of any health restrictions that would prevent the applicant from performing his/her studies? If so, please state below:

\_\_\_\_\_

4. What is the blood pressure of the applicant at the time of examination?

\_\_\_\_\_

5. Based on your examination/evaluation, please rate the applicant's current health condition:

Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor \_\_\_

Additional Comments (if necessary) \_\_\_\_\_

\_\_\_\_\_

Signature:

Date

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**ONLY FOR OFFICE USE (to be filled by the Registrar/Academic Dean)**

1. Date when application was received \_\_\_\_\_
2. Application fee received \_\_\_\_\_
3. Admission:  
Approved       Rejected       Differed
4. Enrolled in: \_\_\_\_\_      Program   
First Year  Second Year  Third Year for the
5. Qualifying paper required for admission \_\_\_\_\_
6. Total credits/subjects required for graduation \_\_\_\_\_

Signature:

Date:

Registrar/Academic Dean: