

Employer's name and postal address: _____

Who will sponsor your study at WATS (complete name and postal address?) _____

In three sentences, describe the relationship between your area of future/present ministry and the degree programme you have chosen:

Your education: secondary, college, university, etc (Note: This is not the list seminars you have attended)

School:	Address:	Dates Attended:	Certificates
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List three references who can vouch for your Christian character and your academic performance.

1. (Your Denominational Leader if application) Name: _____

Complete postal address: _____

2. (A former lecturer) Name: _____

Complete postal address: _____

1. (A close friend) Name: _____

Complete postal address: _____

Have you read the WATS prospectus or brochure carefully? _____

Pledge: I hereby agree to conform to the stated rules and regulations of West Africa Theological Seminary. I further agree to abide by any additional rules which the seminary governing council or administrative council may find it necessary to institute throughout my stay at WATS.

(Signed) _____

Date: _____

Attach Copies of School Certificates and two current passport photographs. This Application must be submitted with an application fee of =N= 2,000.00 (USD \$50.00, International Students) to:

**THE REGISTRAR
WEST AFRICA THEOLOGICAL SEMINARY
P.M.B. 003, MM INTERNATIONAL AIRPORT RD.
LAGOS, NIGERIA
TEL: 234-01-452-4793
Email: wats@infoweb.abs.net
Website: www.watsonline.org**