

**ASSEMBLIES OF GOD SCHOOL OF THEOLOGY  
P.O. BOX 184, LILONGWE, MALAWI**

**QUESTIONNAIRE FOR PRESBYTER OR PASTOR**

*Phone 761-473\703 E-Mail: agst@sdp.org.mw: Fax 761-706*

we have received an application from \_\_\_\_\_ Who would like to study on [ ] 3 year diploma level [ ] 4 year degree level at the Assemblies of God School of Theology. Please give us your evaluation of this applicant by answering the following questions as honestly and as completely as possible. Please return to the above address as soon as possible. Thank you for your help. Your reply will be kept confidential.

1. How long have you known the applicant? \_\_\_\_\_. How long has he/she attended your church?
2. In your opinion, is the applicant truly born again and committed to the work of God? \_\_\_\_\_ Has the applicant been baptized in the Holy Spirit with the evidence of speaking in other tongues(2:4)?
3. Does the applicant faithfully pay tithes to the Church? \_\_\_\_\_
4. In what areas of ministry has the applicant had experience? \_\_\_\_\_
5. Has the applicant ever been the cause of trouble or dissension in the Church. \_\_\_\_\_(if your answer is "yes," please explain. Use back if necessary.)
6. Do you believe that if he/she attends AGST it will benefit both him and the work of God in your organization? \_\_\_\_\_
7. Do you know any reason why the applicant should not attend AGST? \_\_\_\_\_ (If your answer is **YES** please explain. Use back if necessary)
8. To your knowledge, does the applicant have any problem at present concerning marriage, family, health, or unpaid debts ? \_\_\_\_\_. (if so please explain)
9. How will the applicant's school expenses be paid? \_\_\_\_\_
10. Does the applicant have a family \_\_\_\_\_ (If your answer is **YES** what arrangements have been made for the care of his family during his stay at AGST? ( Use back if necessary)
11. Do you recommend without hesitation that the applicant be accepted for admissions at AGST?

**NOTE: Please return directly to the Registrar at the above address. Thank you**

Your Name \_\_\_\_\_ Your Official Title \_\_\_\_\_  
Your Address \_\_\_\_\_ Date \_\_\_\_\_