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# Covenant Apostolic Ministries International Prophetic Theology College

## Student Enrolment Form

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### INSTRUCTIONS – Please read carefully

1. Please complete all relevant sections of the form, otherwise your application will not be processed.
2. Complete entire form in **BLACK INK** or type clearly.
3. Attach two recent passport size photos.
4. Enclose necessary documents.

### PRINT YOUR FULL NAME

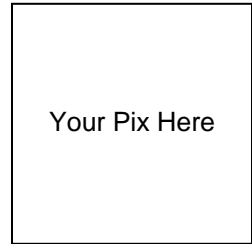
Title: Mr/Mrs/Miss/Rev/Other: \_\_\_\_\_

Full Name: (First Name) \_\_\_\_\_ Other Name \_\_\_\_\_

Surname/Family Name: \_\_\_\_\_

### Return Completed Forms to:

Director of Admissions/Studies  
Covenant Apostolic Ministries Int'l Prophetic Theology College  
14, Mustapha Hassan Street, Ijaiye-Ojokoro,  
P.M.B 21118, Agege, Lagos.  
Tel: 234-1-803-719-9162  
[www.covenantapostolic.org](http://www.covenantapostolic.org)  
Email: covapostolicministry@yahoo.com



**COVENANT APOSTOLIC  
MINISTRIES INT'L.  
PROPHETIC THEOLOGY COLLEGE (CAMIPTC)**  
*14, Mustapha Hassan Street,  
Ijaiye-Ojokoro, PMB 21118 Agege, Lagos.*

## Enrolment Form

Year of Entry: 200\_\_\_\_\_

Mode of Study: Full Time  Part Time

### 1. Personal Details

Full Name: (Title) \_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Gender (Male/Female) \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Daytime telephone number \_\_\_\_\_

Church you attend \_\_\_\_\_

Nationality \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### 2. Spiritual Experience

When did you become a Christian and where?

When were you baptized in water?

Have you received the Holy Ghost Baptism?

### 3. Church

Church Name and Address \_\_\_\_\_

In this Church, are you a?

- Leader  Worker  
 Regular Member  Casual Attendee

How long have you been attending? \_\_\_\_\_

**4. Ministry**

Are you called into Full-Time Christian Ministry? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what capacity? \_\_\_\_\_

**5. Conversion**

Give brief details of your conversion experience including church background.

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**6. Reason for Applying**

State why you wish to attend **CAMIPTC**

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**7. References**

Please give names, and contact details of two (2) people (not relatives) who have known you for at least 5 years.

**Declaration**

I \_\_\_\_\_ declare that all the above information about me is true and could be verified.

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_