

BACHELOR OF MINISTRY

Affix recent
passport
size photo

Student Name:

First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name:

--	--	--	--	--	--	--	--	--	--	--

Family/Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Parent / Guardian's Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth: (Date/Month/Year)

--	--	--	--	--	--	--

Phone: Mobile Number

--	--	--	--	--	--	--	--	--	--

Landline (with STD code)

--	--	--	--	--	--	--	--	--	--

Gender:

Male / Female

Marital Status:

Single / Married

Email Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Present Address:

Name & Address of Home Church:

Educational Qualifications:

Degree / Course	Institution	Year of Completion	Result

Reference 1: (Name, Address, Email & Phone)

Reference 2: (Name, Address, Email & Phone)

Choice of Major:

Christian Studies
 Business Entrepreneurship
 Media Communications
 Christian Counselling

Declaration: I hereby declare that the above particulars are true to the best of my knowledge and I promise to abide by the rules and regulations of Lakeview Bible College and Seminary.

Email your application with required enclosures to registrar@lakeviewbcs.com or WhatsApp the images to 80569 05251

Along with this completed form, please enclose:

- (1) A full-face photograph (JPEG)
- (2) Photo copies of academic certificates
- (3) A reference letter from your church leader
- (4) Personal testimony

Signature

(FOR OFFICE USE ONLY)

Admission No:

--	--	--	--	--	--	--	--	--	--

Admission Date: (Date/Month/Year)

--	--	--	--	--	--	--	--

Signature of the Registrar