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INTEGRATED MASTER OF MINISTRY

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