



Spiritual Revelations  
Kingdom of God Theological Institute

Office of Admissions  
P. O. Box 3753  
Pflugerville, Texas 78691  
Phone: 512-423-4722 /817-300-1476  
srkogti@gmail.com

## APPLICATION FOR ADMISSION

I am applying for the following program (check one): and following certificate / Degree.

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Biblical Studies (Certificate Program) | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> Christian/Religious Counseling         | <input type="checkbox"/> Bachelor    |
| <input type="checkbox"/> Theology in Religious Education        | <input type="checkbox"/> Master      |
|   | <input type="checkbox"/> Ph.D.       |

### PERSONAL INFORMATION

- Mr.  Mrs.  Ms.  Miss  Dr.  Pastor  Minister  Elder  
 Male  Female

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address if different from above: City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant's Marital Status:  Single  Married

Spouse's Name \_\_\_\_\_



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**ACADEMIC BACKGROUND**

- You are required to provide Spiritual Revelations Kingdom of God Theological Institute with supporting documentation of previous educational training, ministry training and qualifying life experience materials.
- Below, list any educational institution attended attaching an addendum if necessary.

High School, College/University, Graduate/Professional School, Seminary	Location	Attendance		Degree Earned	Year Rec'd
		From	To		

In some cases, candidates may be asked to provide references from people who can speak candidly and knowledgeably about you in the following areas:

- Your commitment to Christ and the church
- Your leadership ability, maturity, and interpersonal skills
- Your openness to perspectives other than your own
- Your intellectual ability and willingness to think critically



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**CHURCH BACKGROUND**

Indicate the name and address of the church you currently attend:

Church Name \_\_\_\_\_

Street \_\_\_\_\_ Phone (    ) \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Pastor \_\_\_\_\_ E-mail \_\_\_\_\_

Are you ordained as a?

Deacon / Deaconess       Yes     No

Elder                               Yes     No

Minister                          Yes     No

Pastor                             Yes     No    If yes, in what capacity? \_\_\_\_\_

List in the chart below or briefly describe in an attached paragraph, your activity in local congregations or fellowships.

Name of Church or Religious Body (most recent first)	Location	Year of Involvement	
		From	To



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**OTHER INFORMATION**

Which location would like to attend?

- Austin Metroplex – 1205 Sam Bass Rd. Round Rock, TX: 1<sup>st</sup> & 3<sup>rd</sup> Saturdays 1 pm – 4 pm
- Pine Bluff, AR – First Baptist Dewdrop 1701 N. Bryant St.: 4<sup>th</sup> Fridays 6 pm – 10 pm
- Little Rock, AR – Faith Temple Full Gospel Deliverance Center 1920 S. Broadway:  
4<sup>th</sup> Saturdays 9 am – 2 pm
- Texarkana, TX – Transformation Center Intl. 1111 Hazel St.: 4<sup>th</sup> Mondays 6 pm – 10 pm
- Uganda Africa – Video Conference: 2<sup>nd</sup> Saturdays 7am – 11 am

I seek admission to the specified  Degree  Certificate program beginning with the:  
term of the 20\_\_\_\_ - 20\_\_\_\_ academic year.

I declare that the information provided in all parts of this application is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit electronically: [srkogti@gmail.com](mailto:srkogti@gmail.com)

Or

Print and mail to Spiritual Revelations KOGTI: P.O. Box 3753 Pflugerville, TX 78691