LEADSTAR CHRISTIAN UNIVERSITY
OFFICE OF THE REGISTRAR
STUDENT APPLICATION FORM
DOCTORAL DEGREE ONLINE PROGRAM

Attach two Recent Passport Size Photographs

This application form must be submitted to the Office of the Registrar on or before the application date deadline. The form **must be completed, signed** and **accompanied with original and photocopies of the necessary documents, two recent photographs (3 x 4)** and **bank deposit slip**. Applicants should collect their original documents after the documents have been cross checked with the photocopies submitted.

1. **Year of Admission:** _____ **Center:** _____ **Batch** _____
2. **Preferred Field of Study**

Please choose one of the following fields of study currently available at the Leadstar Christian University

Program: Doctoral Degree

- ☐ **Doctor of Leadership**
- ☐ **Doctor of Counseling Psychology**
- ☐ **Doctor of Community Development**
- ☐ **Christian Business Management**
- ☐ **Doctor of management**
- ☐ **Doctor of Peace & Conflict Resolution Studies**
- ☐ **Doctor of Theology with special Concentration area**
  - ☐ **Biblical Studies**
  - ☐ **Mission**
  - ☐ **Homiletics**

Personal Information

Full Name:

In English: _____/_____/_____
Applicant's Name *Father's Name* *Grand Father's Name*

Sex: ☐ ***Male*** ☐ ***Female***

Date of Birth

In E.C. _____/_____/_____ ***[DD MM YEAR]***

G.C. _____/_____/_____ ***[DD MM YEAR]***

Contact Address

Mobile/Cell Phone: _____/_____ _____ **E-mail:** _____

Declaration and Acknowledgment

I acknowledge that Leadstar Christian University is an accredited university under the Ethiopian Council of Gospel Believers' Churches, recognized by the Council of Christian Colleges and Universities (CCCU) in the United States, and an internationally affiliated member of the Christian Colleges and Universities network. I further understand and agree that the University has no direct relationship with the Ethiopian Ministry of Education or the Ethiopian Education and Training Authority (ETA), and I voluntarily enroll with full understanding of its institutional status.

Applicant's Name: _____ **Signature:** _____

Date of application: _____/_____/_____
[DD MM YEAR]