

**MORE THAN CONQUERORS SCHOOL OF THEOLOGY LEADERSHIP
CENTER**

APPLICATION FORM

Please respond to each question thoroughly (or write N/A when a question is not applicable) using additional pages as needed.

AFFIX PICTURE HERE

Full Name (Mr. Mrs. Miss, Dr. Pastor): _____

Date Of Birth: _____

Occupation: _____

Address:

Phone: _____

Email: _____

Church: _____

Pastor's Name: _____

Pastor's Phone Number: _____

Pastor's Email: _____

How did you learn about MTC?:

Highest Educational Qualification: _____

Additional Education:

Reference #1

Full Name: _____

Address: _____

Relationship:

Reference #2

Full Name: _____

Address: _____

Relationship:

Reference #3

Full Name: _____

Address: _____

Relationship:

Declaration

By my submission of this form, I agree to never share the passwords or codes (with anyone), that I receive from MTC to provide me with access to MTC course materials. I also agree that if I download (or copy and paste) any course materials, it will only be us.

Applicant's Signature: _____ Date: _____

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