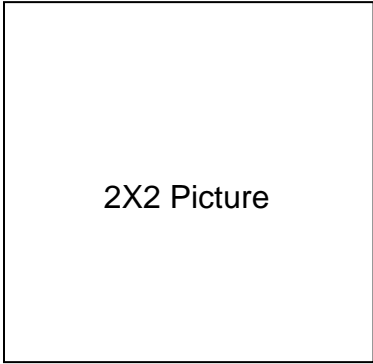




ASIA PACIFIC THEOLOGICAL SEMINARY

P.O. Box 377, 2600 Baguio City, Philippines
Tel. Nos. (63) 74-442-2779, 442-7068 Fax: 442-6378
Email: admissions@aps.edu Website: www.aps.edu



Application for Admission

- Full name _____ Date _____
Family First Middle
- Present Mailing/Home address _____
- Telephone # _____ Cellular Phone No. _____ E – Mail _____
- Date of Birth _____ Place of Birth _____
- Age _____ Gender _____ Nationality _____
- Marital Status Single Married Separated Divorced Widow/er
- If married, give spouse's name _____
(Please attach a copy of your marriage certificate when submitting this application.)
Name(s) and age(s) of child(ren) _____
- Person to Contact In case of Emergency:
Name _____ Contact Number _____
E-mail Address _____ Relationship _____
Present Mailing/Home address _____
- Educational attainment

	Name of School	Location	Diploma earned	Year graduated
Bible School	_____	_____	_____	_____
College/ Univ.	_____	_____	_____	_____
Other	_____	_____	_____	_____

(All transcripts must be sent directly to the APTS registrar from the school(s) concerned.)
- Degree program intended to pursue:
 Master of Divinity (**M. Div.**) Master of Arts in Ministry (**M.A. Min**) Master of Arts in Theology (**M.A. Theo**)
 Master of Arts in Intercultural Studies (**M.A. I.S.**) Master of Arts in Intercultural Studies (Islamic) (**M.A. I.S. Islamic**)
 Master of Arts in Intercultural Education (**M.A.I.E**) Graduate Certificate in Ministerial and Theological Studies (**Grad. Cert.**) **Special Programs**
- Language spoken or written with a measure of fluency: _____
- Date of conversion to Christ: _____ Place: _____
- Baptism in water: By immersion Others: _____ No
- Baptism of the Holy Spirit according to Acts 2:4; 10:46; 19:6: Received Did not receive
If received, when and where? _____
- Christian life after conversion: Consistent Not consistent
- Denomination / organization currently affiliated: _____
- Ministerial credentials currently possessed: License Ordination Others (Specify) _____
- Ministries currently engaged in:
 Pastoral Missions Evangelism Teaching Other (specify) _____
- Ministry involvement: Full Time Part time
If part time, do you plan to become a full-time minister? Yes No

20. Briefly state how APTS can enhance your future ministry: _____

21. Approval or blessing of sponsoring church, denomination, or individual sponsor to pursue graduate studies at this time:
 Given Not given

22. General health: Excellent Good Fair Poor
Have you had tuberculosis? Yes No
Have you ever had a nervous problem? Yes No
Have you ever used drugs? Yes No
(If the answer is yes to any of the above, please attach a separate sheet explaining in detail.)

23. Student status applying for: Resident Student Extension Student

24. If applying as a resident student, please specify housing preference:
 Off campus In a dorm In an apartment

25. Trimester of enrolment: (Resident students)
 June-September (1st Tri) September-December (2nd Tri) January-March (3rd Tri)

26. Finances: School and living expenses while at APTS (resident students only)
 Sufficient Not sufficient, but can get Not sufficient at all
State the number of persons dependent on applicant' financial support: _____

27. Give complete names and addresses of five (5) references

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
a)	_____		
	<i>Denomination or national church leader</i>		
b)	_____		
	<i>President, dean or faculty of Bible college or university</i>		
c)	_____		
	<i>Local Pastor</i>		
d)	_____		
	<i>APTS representative (if your country has one)</i>		
e)	_____		
	<i>Others</i>		

28. List any courses have taken at any APTS extension site

<u>Course</u>	<u>Date</u>	<u>Place</u>
_____	_____	_____
_____	_____	_____

29. Doctrinal statement of APTS in the current catalog:
 Agree Disagree (Please attach a separate sheet with an explanation)

30. If accepted, will you abide by the standards of APTS and cheerfully submit to those in authority? Yes No

31. I understand that final acceptance for study is contingent upon the results of entrance exams required by APTS as stated in the catalog. *Initials* _____

32. I also understand that I must not depart from the APTS resident campus until I have received notification from the registrar.

33. I am enclosing the following to avoid delay in processing my application
 required application fee (*see catalog*) an extra photo
 pertinent school transcripts complete medical form

34. On a separate sheet of paper, please include an autobiographical paragraph of at least 500 words.

Signature of Applicant