

# Institute of Islamic Studies

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## Application for Program Enrollment

Date of Application \_\_\_\_\_

*(Complete and return this form at your earliest convenience)*

### 1. PERSONAL DATA

Name: [Include appropriate titles] \_\_\_\_\_  
Last First Middle

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Permanent Address:

Current Mailing Address [if other than your permanent address]:

E-mail:

Phone:

Fax:

**Please indicate the level of sensitivity in communications:**

### 2. AFFILIATION / MINISTRY EXPERIENCE

Group / Organization:

Ministry Experience [Date / Type / Place]:

### 3. EDUCATION

Highest Educational Attainment:

Name of Institution(s) Attended [list all]

#### 4. ENROLLMENT

Reason(s) for desiring to attend the I.I.S.:

Anticipated Future Work / Ministry:

**If you will NOT enroll for the entire six week Institute, please indicate the exact Week(s) for which you wish to enroll.**

Week(s) \_\_\_\_\_ Dates \_\_\_\_\_

Will you enroll in the IIS for academic credit? \_\_\_Yes\_\_\_ No\_\_\_ Not decided

Note: Each participant in IIS is **required** to take part in **all** scheduled sessions, including instructional, chapels, intercession and interaction, **and** to complete a minimum level of reading. In addition, not-for-credit participants **may** complete writing assignments and take examinations for their personal enrichment.

#### 5. CHARACTER REFERENCES

Names and Complete Addresses of [**at least 2**] Character References:  
(Church)

(Organization or Mission)

(Friend)

#### 6. HOUSING

If **married**, are you coming to the Institute **alone** (solo) or with spouse and/or family? (Please list name/age of children. Additional charges may apply.)

Please identify the accommodations that you desire.

\_\_\_\_ Dorm Room

\_\_\_\_ Standard Apartment

\_\_\_\_ Deluxe Apartment

Note: we will do our best to honor your preference. However, room assignments are made on a first-come, first-served basis according to the policies of APTS. (Additional charges for upgrade, e.g., 'solo' attendees upgrading to a "Standard" Apartment and couples upgrading to a "Deluxe" Apartment.)

## 7. FINANCE

Will you need Financial Aid? \_\_\_\_\_ If so, please briefly explain your need.

**Certification:** If approved for Financial Aid, I certify my understanding that this is contingent upon my participation in the entire Institute, including attendance and completion of all assignments, and may require a "Work Study".

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

## 8. MISCELLANEOUS

Visa Status: Will you obtain a 59-day Visa prior to arrival in the Philippines, or do you intend receive a 21-day Visa upon arrival at the International Airport in Metro Manila?

Please note any personal needs, requests or medical circumstances that you wish the Institute leadership to be aware of [such as allergies].

Diet: Please be aware that the norm for the Institute is a **pork-free** diet.

Other concerns or pertinent information that you would like us to know...

Please mail to:

APTS

ATTN: IIS Director - Urgent

PO Box 377

2600 Baguio City

Philippines

or

send through email attachment to [globalmissioncenter@gmail.com](mailto:globalmissioncenter@gmail.com)