



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

2X2 Picture

Application for Admission

1. Full name _____ Date _____
Family First Middle
2. Present mailing address _____
3. Telephone _____ FAX number (if any) _____ E – Mail _____
4. Date of Birth _____ Place of Birth _____
5. Age _____ Gender _____ Nationality _____
6. Marital Status Single Married Separated Divorced Widow/er
7. 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) _____
8. Educational attainment

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

(All transcripts must be sent directly to the APTS registrar from the school(s) concerned.)
9. 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**)
 Graduate Certificate in Ministerial and Theological Studies (**Grad. Cert.**) **Special Programs**
10. Language spoken or written with a measure of fluency: _____
11. Date of conversion to Christ: _____ Place: _____
12. Baptism in water: By immersion Others: _____ No
13. Baptism of the Holy Spirit according to Acts 2:4; 10:46; 19:6: Received Did not receive
If received, when and where? _____
14. Christian life after conversion: Consistent Not consistent
15. Denomination / organization currently affiliated: _____
16. Ministerial credentials currently possessed: License Ordination Others (Specify) _____
17. Ministries currently engaged in:
 Pastoral Missions Evangelism Teaching Other (specify) _____
18. Ministry involvement: Full Time Part time
If part time, do you plan to become a full-time minister? Yes No

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

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

21. 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.)

22. Student status applying for: Resident Student Extension Student

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

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

25. 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: _____

26. 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

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

31. 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

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

Signature of Applicant