



# 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](mailto:admissions@aps.edu) Website: [www.aps.edu](http://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/experiences. (Please fill out separate form)
19. Briefly state how APTS can enhance your future ministry: \_\_\_\_\_

20. Approval 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 been or is currently under medication? If yes, for what particular diagnosis? \_\_\_\_\_  
 Have you ever had a nervous problem?       Yes, when \_\_\_\_\_       No  
 Have you ever been addicted to drugs?       Yes, when \_\_\_\_\_       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 (1<sup>st</sup> Tri)       September-December (2<sup>nd</sup> Tri)       January-March (3<sup>rd</sup> Tri)       April-May (Summer)
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 (**do not include family members and close relatives**)
- |    | <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>  |                |              |
27. List any courses you have taken at any APTS extension site
- | <u>Course</u> | <u>Date</u> | <u>Place</u> |
|---------------|-------------|--------------|
| _____         | _____       | _____        |
| _____         | _____       | _____        |
| _____         | _____       | _____        |
28. Doctrinal statement of APTS in the current catalog:  
 Agree       Disagree (Please attach a separate sheet with an explanation)
29. If accepted, will you abide by the standards of APTS and cheerfully submit to those in authority?       Yes       No
30. I understand that final acceptance for study is contingent upon the results of entrance exams required by APTS as stated in the catalog. *Initials* \_\_\_\_\_
31. I understand that I must get clearance from the registrar's office before I leave APTS resident campus during trimester breaks and/or going back to my country.
32. 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  
 others \_\_\_\_\_
33. On a separate sheet of paper, please include an autobiographical paragraph of at least 500 words.

\_\_\_\_\_  
Signature of Applicant