



PTS COLLEGE & ADVANCED STUDIES

Carlos Trinidad Ave., Salitran IV, Dasmariñas City, 4114 Cavite, Philippines
 Contact Nos.: 0917 146 6759 • (046) 236 9239 | Email: info@ptscas.edu.ph
 Website: ptscas.edu.ph • FB: facebook.com/ptscas

Spirituality and Academic Excellence

APPLICATION FOR ADMISSION Graduate Studies

2x2 Photo
For online submission,
attach photo to E-Mail.

Preferred Program:	
6-month Programs: <input type="checkbox"/> Graduate Certificate (GC) <input type="checkbox"/> Professional Certificate (PC) 12-month Program: <input type="checkbox"/> Graduate Diploma (GD) -- Theological Studies (GDTS) -- Ministerial Leadership & Chaplaincy (GDMLC) -- Biblical Studies (GDBS) -- Mission Ministry (GDMM) -- Counseling Ministry (GDCM) -- Education Ministry (GDEM)	2-year Programs: <input type="checkbox"/> Master of Arts in Ministry (MAM) <input type="checkbox"/> Master of Arts in Biblical Studies (MABS) <input type="checkbox"/> Master of Arts in Inter-cultural Studies (MAICS) <input type="checkbox"/> Master of Arts in Biblical Counseling (MABC) <input type="checkbox"/> Master of Arts in Christian Education 3-year Program: <input type="checkbox"/> Master of Divinity (MDiv) -- Pastoral Studies (MDivPS) -- Biblical Studies (MDivBS) -- Missiology (MDivM) -- Biblical Counseling (MDivBC) -- Christian Education (MDivCE)

GC/PC Specialization: _____

Entry Term (Regular/Modular):

1st Semester 2nd Semester Inter-semester Module

Academic Year:

20__ to 20__

PERSONAL INFORMATION

Last Name		First Name		Middle Name		Suffix	
Current Address							
Permanent Address (if other than current)							
Email Address				Landline No.		Mobile No.	
Age	Date of Birth (MM/DD/YY)		Place of Birth (City/Town,Province)			Gender	
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Annulled				Nationality		Citizenship	
Name of Father		Contact No.		Name of Mother		Contact No.	
Occupation		Email Address		Occupation:		Email Address	
Name of Spouse		Occupation		Name of Children		Age(s)	
Spouse's Age		Contact No.		1.			
Spouse's Birth Date (MM/DD/YY)		Email Address		2.			
Nationality				3.			
				4.			
				5.			

EDUCATIONAL INFORMATION

Bachelor's Degree	
School Name	School Address

Course Program		Major
Inclusive School Years	Total Units Earned	General Point Average
Training/Extra-curricular Participation:		
Date Graduated (MM/YY)	Honor(s)/Award(s) Received	CHED Special Order No. (if applicable)
Graduate Certificate/Diploma/Units Earned		
Certificate Program		Inclusive Dates
School Name		School Address
Diploma Program		Inclusive Dates
School Name		School Address
Master's Program & Major		Inclusive Dates
School Name		School Address
Units Earned	Reason for stopping	
Informal Education (Non-DepEd/Non-CHED)		
Training/Course Name	Training/Course Provider	Inclusive Date(s)

VOCATIONAL/EMPLOYMENT INFORMATION

<i>List positions and jobs held beginning with the most recent/current job.</i>				
Position /Type of Work	Company/Organization Name	Company/Organization Location	Inclusive Dates	Full-Time Part-Time Freelance

FAITH and MINISTRY INFORMATION

Current Faith/Religion	Since When?	Name of church you were baptized	Month/Year of Baptism
Current Church		Current Church Address	
Name of Pastor/Minister		Email Address	Contact No.
Denomination/Affiliation	How long have you been attending this church?	Your Current Ministry Involvement	

Ministerial Status Ordained Licentiate Ministerial Candidate

List all the other churches you attended and/or became a member of and/or served.

Dates (MM/YY)	Church Name	Location	Denomination/Affiliation	Nature of Involvement

FINANCIAL INFORMATION

How do you plan to finance your education? Check and answer all that apply. (Combined support is allowed)

<input type="checkbox"/> Self/Spouse-support <input type="checkbox"/> Parental Support <input type="checkbox"/> Relative Support <input type="checkbox"/> Direct Sponsorship <input type="checkbox"/> Church Sponsorship <input type="checkbox"/> Scholarship		
If Self/Spouse-support:	Gross Monthly Income	Source of Income: <input type="checkbox"/> Full-time Employment <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Business <input type="checkbox"/> Freelance <input type="checkbox"/> Savings/Securities
If Parental-support:	Gross Monthly Income	Source of Income: <input type="checkbox"/> Full-time Employment <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Business <input type="checkbox"/> Freelance <input type="checkbox"/> Savings/Securities
If Relative-Support	How much will your relative contribute? Semesters covered:	What is your commitment/obligation to your relative during/after your studies?
If Direct Sponsorship	How much will your sponsor contribute? Semesters covered:	What is your commitment/obligation to your sponsor during/after your studies?
If Church Sponsorship	How much will your sponsor contribute? Semesters covered:	What is your commitment/obligation to your sponsor during/after your studies?
If Scholarship	What will the scholarship cover? Semesters covered:	What is your commitment/obligation to the scholarship grantor during/after your studies?

APPLICANT'S PLEDGE

I, _____, hereby agree that,

All information provided herein are true and correct.

PTS College and Advanced Studies (PTSCAS) is authorized to conduct all necessary checking and verification.

Should I be admitted as a student, I will abide with the policies, standards, and guidelines of PTSCAS, seek to live in harmony with everyone in the campus, and promptly meet all obligations.

Signature

Date