



# PTS COLLEGE & ADVANCED STUDIES

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*Spirituality and Academic Excellence*

## APPLICATION FOR ADMISSION Postgraduate Studies

<p>2x2 Photo For online submission, attach photo to E-Mail.</p>
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**Preferred Program:**

- Master of Theology  
 Doctor of Ministry

**Preferred Concentration:**

- Generalist  
 Reformed Tradition

**Entry Term (Regular/Modular):**

- 1<sup>st</sup> Semester  
 2<sup>nd</sup> 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)	Gender
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

Date Graduated (MM/YY)	Honor(s)/Award(s) Received	CHED Special Order No. (if applicable)
<b>Master's Degree</b>		
School Name		School Address
Course Program		Major
Inclusive School Years	Total Units Earned	General Point Average
Thesis Title		Other Research Project
Date Graduated (MM/YY)	Honor(s)/Award(s) Received	CHED Special Order No. (if applicable)
<b>Postgraduate Certificate/Doctorate Units Earned</b>		
Postgraduate Certificate Program		Inclusive Dates
School Name		School Address
Doctorate Program & Major		Inclusive Dates
School Name		School Address
Units Earned	Reason for stopping	
<b>Informal Education (Non-DepEd/Non-CHED)</b>		
Training/Course Name	Training/Course Provider	Inclusive Date(s)
<b>Published Work(s)</b>		
Book(s)/e-Book(s)	Journal(s)/Web Content(s)/Resource Material(s)	Blog/Website Link

## VOCATIONAL/EMPLOYMENT INFORMATION

<b>List positions and jobs held beginning with the most recent/current job.</b>				
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 <input type="checkbox"/> Ordained <input type="checkbox"/> Licentiate <input type="checkbox"/> Ministerial Candidate			
<b>List all the other churches you attended and/or became a member of and/or served.</b>			
Dates (MM/YY)	Church Name	Location	Nature of Involvement

**FINANCIAL INFORMATION**

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