



# PTS COLLEGE & ADVANCED STUDIES

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*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) __ Reformed Theology (GCRT) __ Biblical Counseling (GCBC) <input type="checkbox"/> Professional Certificate (PC) __ Teaching - ProfEd (PCT) __ Early Childhood Education (PCECE) __ Values Education (PCVE)	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)  3-year Program: <input type="checkbox"/> Master of Divinity (MDiv) __ Pastoral Studies (MDivPS) __ Biblical Studies (MDivBS)

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)	
Spouse's Age		Contact No.		1.			
Spouse's Birth Date (MM/DD/YY)		Email Address		2.			
Nationality				3.			
				4.			
				5.			
						Gender	

## 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 <input type="checkbox"/> Ordained <input type="checkbox"/> Licentiate <input type="checkbox"/> Ministerial Candidate			
<i>List all the other churches you attended and/or became a member of and/or served.</i>			
Dates (MM/YY)	Church Name	Location	Nature of Involvement

FINANCIAL INFORMATION

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