



PTS COLLEGE & ADVANCED STUDIES

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Spirituality and Academic Excellence

APPLICATION FOR ADMISSION Undergraduate Studies

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

Preferred Program:

- Certificate of Special Studies (CSS)
- Bachelor of Arts in Theology (BATH)
- Bachelor of Arts in Biblical Studies (BABS)
- Bachelor of Christian Education (BCEd)
(Secondary Education major in Values Education)
- Bachelor of Elementary Education (BEEd)
- Bachelor of Early Childhood Education (BECEd)
- Bachelor of Theology (Bth)

Entry Term (Regular/Modular):

- 1st Semester
- 2nd Semester
- Inter-semester Module

Academic Year:

20__ to 20__

CSS Specialization:

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 [] Single [] Married [] Widowed [] Separated [] 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

| Senior High School (If non-SHS Graduate, High School) | |
|---|---|
| School Name | School Address |
| SHS Track | Training/Extra-curricular Participation |

| | | | |
|--|-----------------------|--|-------------------|
| | | | |
| Company/Organization (Immersion) | | Company/Organization Address (Immersion) | |
| Date Graduated (MM/YY) | General Point Average | Honor(s)/Award(s) Received | |
| Technical-Vocational | | | |
| School/Provider Name | | School/Provider Address | |
| Courses/Programs Taken | | | |
| Name of Course(s) Taken: | | Certification(s) Received: | |
| College Undergraduate/Associate Degree | | | |
| School Name | | School Address | |
| Course Program | | Major | |
| Inclusive School Years | Units Earned | Honor(s)/Award(s) Received | |
| 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 | | | |
| List all the other churches you attended and/or became a member of and/or served. | | | |
| Dates (MM/YY) | Church Name | Location | Denomination/Affiliation |
| | | | |
| | | | |

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