

2x2 Photo

For online submission,

attach photo to E-Mail.

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

**Doctor of Philosophy in Intercultural Studies** 

Entry Term (Regular/Modular):

] 1<sup>st</sup> Semester
] 2<sup>nd</sup> Semester

[] Inter-semester Module

Academic Year: 20\_\_\_ to 20 \_\_\_\_ Month: \_\_\_\_\_

## **PERSONAL INFORMATION**

Last Name	First Name	Middle Name	Suffix	
Current Address				
Permanent Address (if other than current	)			
Email Address		Landline No.	Mobile No,	
Date of Birth (MM/DD/YY)		Place of Birth (City/Town, Province)	Gender	
Civil Status [ ] Single [ ] Married [ ] Widowed Separated [ ] Annulled	[]	Nationality	Citizenship	
In Case Emergency Contact Person Name	e/Relation	Mobile No,	Email	

### **EDUCATIONAL INFORMATION**

	Bac	helor's Degree		
School Name		School Address		
Course Program		Major		
Inclusive School Years	Total Units Earned	General Point Average		
Date Graduated Honor(s)/Award(s) Received (MM/YY)		CHED Special Order No. (if applicable)		
	Ma	ster's Degree		
School Name		School Address		
Course Program		Major		
Inclusive School Years	Total Units Earned	General Point Average		
Thesis Title		Other Research Project		
Date Graduated     Honor(s)/Award(s) Received       (MM/YY)     Honor(s)/Award(s) Received		CHED Special Order No. (if applicable)		
	Postgraduate Certif	icate/Doctorate Units Earned		
Postgraduate Certificate Program		Inclusive Dates		
School Name		School Address		
Doctorate Program & Major		Inclusive Dates		

School Name			School Address	
Units Earned	Reason for stopping			
	Informa	l Education (N	on-DepEd/Non-CHEd)	
Training/Course Name		Training/Course Provider In		Inclusive Date(s)
		Publishe	d Work(s)	
Book(s)/e-Book(s)		Journal(s)/V	Veb Content(s)/Resource Material(s)	Blog/Website Link

# VOCATIONAL/EMPLOYMENT INFORMATION

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

## FAITH and MINISTRY INFORMATION

Current Faith	n/Religion	Since When?		Name of chu	rch you were baptized	Month/Year of Baptism
Current Church			Current Church Address			
Name of Pastor/Minister			Email Address Contact No.		Contact No.	
Denominatio	Penomination/Affiliation How long have you be attending this church?			Your Current Ministry Involvement		
Ministerial Status [] Ordained [] Licentiate [] Ministeria				ial 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**

[ ]Self/Spouse-support Scholarship	[ } Parental Support [	Relative Supp	port [] Direct Sponsorship [] Church Sponsorship []		
If Self/Spouse-support:	Gross Monthly Income Source of Income: [] Full-time Employment [] Part-tim Employment				
			[] Business [] Freelance [] Savings/Securities		
If Parental-support:	Gross Monthly Income	Source of Inc Employment	•••••••••••••••••••••••••••••••••••••••		
			[] Business [] Freelance [] Savings/Securities		
If Relative-Support	How much will your relative contribute?		What is your commitment/obligation to your relative during/after your studies?		
	Semesters covered:				
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?		What is your commitment/obligation to your sponsor during/after your studies?		
	Semesters covered:				
If Scholarship	What will the scholarship cover?		What is your commitment/obligation to the scholarship grantor during/after your studies?		
	Semesters covered:				

**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

------