



PTS COLLEGE & ADVANCED STUDIES

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Spirituality and Academic Excellence

APPLICATION FOR ADMISSION Graduate Studies

<p>2x2 Photo For online submission, attach photo to E-Mail.</p>	<p style="text-align: center;">Preferred Program:</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>6-month Programs:</p> <p><input type="checkbox"/> Graduate Certificate (GC) ___ Reformed Theology (GCRT) ___ Biblical Counseling (GCBC)</p> <p><input type="checkbox"/> Professional Certificate (PC) ___ Teaching - ProfEd (PCT) ___ Early Childhood Education (PCECE) ___ Values Education (PCVE)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>2-year Programs:</p> <p><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 Biblical Exposition (2 Year)</p> <p>3-year Program:</p> <p><input type="checkbox"/> Master of Divinity (MDiv) ___ Pastoral Studies (MDivPS) ___ Biblical Studies (MDivBS) <input type="checkbox"/> Master of Arts in Biblical Exposition (3 Year)</p> </td> </tr> </table>	<p>6-month Programs:</p> <p><input type="checkbox"/> Graduate Certificate (GC) ___ Reformed Theology (GCRT) ___ Biblical Counseling (GCBC)</p> <p><input type="checkbox"/> Professional Certificate (PC) ___ Teaching - ProfEd (PCT) ___ Early Childhood Education (PCECE) ___ Values Education (PCVE)</p>	<p>2-year Programs:</p> <p><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 Biblical Exposition (2 Year)</p> <p>3-year Program:</p> <p><input type="checkbox"/> Master of Divinity (MDiv) ___ Pastoral Studies (MDivPS) ___ Biblical Studies (MDivBS) <input type="checkbox"/> Master of Arts in Biblical Exposition (3 Year)</p>
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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)	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
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	Denomination/Affiliation	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