



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>

Preferred Program:
<input type="checkbox"/> Master of Theology
<input type="checkbox"/> Doctor of Ministry

Preferred Concentration:
<input type="checkbox"/> Generalist
<input type="checkbox"/> Reformed Tradition

Entry Term (Regular/Modular):
<input type="checkbox"/> 1 st Semester
<input type="checkbox"/> 2 nd Semester
<input type="checkbox"/> 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)
Master'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 (MM/YY)	Honor(s)/ Award(s) Received	CHED Special Order No. (if applicable)
Postgraduate Certificate/ 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	
Informal Education (Non-DepEd/ Non-CHED)		
Training/ Course Name	Training/ Course Provider	Inclusive Date(s)
Published Work(s)		
Book(s)/ e-Book(s)	Journal(s)/ Web Content(s)/ Resource Material(s)	Blog/ Website Link

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?	What is your commitment/ obligation to your relative during/ after your studies?		
	Semesters covered:			
If Direct Sponsorship	How much will your sponsor contribute?	What is your commitment/ obligation to your sponsor during/ after your studies?		
	Semesters covered:			
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