



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 (ABTh)
- Bachelor of Theology (BTh)
- Bachelor of Christian Education (BCEd)
(Secondary Education major in Values Education)
- Bachelor of Elementary Education (BEEd)
- Bachelor of Early Childhood Education (BCEEd)

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 <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

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				
<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