ASIA GRADUATE SCHOOL OF THEOLOGY
Philippines
c/o Asian Theological Seminary
54 Scout Madrinan Street, 1103 Quezon City
Philippines
Tel. Nos. 4100312/ 9286717/ 9286709 Fax No. (632) 9285114
Email: agstphil@yahoo.com

APPLICATION FOR ADMISSION

The applicant must fill out this form in English.

1. Applicant's Name: _____

2. Permanent Address: _____

   _____

   Telephone No.: _____ Email Address: _____

3. Date of Birth: _____ Gender: _____ Marital Status: _____

4. Place of Birth: _____ Nationality: _____

5. Father's Name: _____

6. Father's Occupation: _____

7. Number & ages of dependents at home: _____

   _____

8. Do you plan to live with your family in Manila during your studies? _____

9. When did you become a born-again Christian? _____

10. Of which church denomination are you a member? _____

11. Of which local church or assembly are you a member? _____

12. List your academic qualifications:

Name and Place of School	Name of degree received	Date of Completion

13. I am interested in (Please circle one):

___ Th. M./Ph. D. in Biblical Studies

___ Th. M. / Ph.D. in Theological Studies

___ Th.M. /Ph.D. in Church History

____Doctor of Missiology

_____ Ed. D. in Adult Education

_____ Ed. D. in Educational Leadership

_____ Ed. D. in Counseling

_____ Doctor of Ministry

14. What is your mother tongue? _____

What other languages can you speak, read, or write including the Biblical languages? _____

_____

15. List your experiences since your graduation from college: (Please use a separate sheet and give the names of the institutions where you worked, the time period you worked in each and the nature of the work {Job Description} you did in each.)

16. List a bibliography of your publications (both books and articles). (Please use a separate sheet)

17. What areas are of interest to you and what possible research topics would you pursue? (Please use a separate sheet)

18. How do you plan to pay for your educational expenses: tuition, books, and room and board?

_____

19. Give the name and complete address of the person or organization, which will pay the above-mentioned educational expenses.

_____

_____

20. Give the names and complete addresses of the following persons who know you well:

a. Your Pastor: _____

_____

b. An official of your Church, Missions, or sponsoring organization: _____

_____

c. A Ministry Supervisor: _____

_____

d. Two (2) academic references (one, a Professor and another a school administrator):

(1)_____

_____

(2)_____

_____

21. What are your hobbies and special interests?

_____

_____

22. Describe your level of computer "literacy." E-mail? Internet research? Word Processing? Send attachments?

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PERSONAL COMMITMENT TO CHRIST and CALL TO CHRISTIAN SERVICE

(Please use additional sheets of paper to give complete answers to the following questions)

Name in Full _____

1. Explain briefly your personal spiritual journey (how and when you made a commitment to Christ), your call to Christian service, including a brief description of your current relationship with God (approx. 700 – 1000 words).

2. Share briefly about your vocational experience in ministry during the past four (4) years.

3. A statement of the applicant's personal vocational objectives and how this program will help achieve those goals (approx. 700 – 1000 words).

4. How do you evaluate the Statement of Faith of AGST? (over)
   Do you find any section with which you do not agree?

5. Please share about your family and your hopes for them.

6. How do you expect to support your family during your studies? Do you plan to move them to Manila (if you currently live elsewhere) during your studies?

Date: _____ Signature: _____

Please type or print information legibly.

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STATEMENT OF FAITH

Section 1: The divine inspiration of the Holy Bible of sixty-six books of the Old Testament and New Testament, as the infallible Word of God. Its consequent uniqueness, entire trustworthiness and supreme authority on all matters of faith and conduct.

Section 2: One God eternally existent in three persons: Father, Son, and Holy Spirit.

Section 3: The full deity and humanity of the Lord Jesus Christ, His representative and substitutionary death, His bodily resurrection and personal return in glory to consummate His Kingdom.

Section 4: The dignity of man created in the image of God, his universal sinfulness, his need of repentance, redemption and justification through faith alone in Christ crucified and risen from the dead.

Section 5: The resurrection of all men either to eternal life or to eternal death.

Section 6: The illuminating, regenerating, indwelling and sanctifying work of the Holy Spirit enabling the Christian to witness effectively to the Gospel and to serve responsibly in the world.

Section 7: The unity in our Lord Jesus Christ to all believers, who comprise the Church.

Section 8: The total mission of the Church to the whole man in society in the contemporary context, in obedience to God according to the Scriptures.

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FINANCIAL STATEMENT BY SPONSOR

To the Sponsor: In consultation with your student and the Prospectus, please complete and SIGN this statement. Our bill to you will be made accordingly.

Name of Student _____

Name of Sponsor (Society of Individual) _____

I am prepared to pay the fees as follows:

1. Payments REQUIRED:
   a. To be paid to AGST for tuition: US$ _____per year.

   b. To be paid to AGST for board and lodging: US$ _____per month.
   c. Actual medical expenses incurred.
   d. Round trip travel expenses between his home and the seminary.

2. Funds recommended for the student (specify the amount approved)
   a. Book allowance per year US$ _____

   b. Pocket money per month (minimum) US$ _____

   c. Dissertation expenses _____

Date: _____ Sponsor's Signature _____

Sponsor's Position _____

Name and address of PERSON TO WHOM THE BILL SHOULD BE SENT FOR PAYMENT:

_____

_____

_____

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LETTER OF RECOMMENDATION FOR APPLICANT

Name of Applicant _____

Name of the writer of this recommendation _____

Note: The above applicant has given your name as one who knows him/her well and can give information about his/her character and qualifications. As AGST is training men and women in postgraduate theological education, it needs to take utmost care in selecting applicants. So please supply the information requested as fully and accurately as possible. All information will be treated as strictly confidential. Please return this letter promptly to the Program Director at the address given above. Thank you very much.

1. How long have you known the applicant? _____

2. In what capacity have you known him? (e.g. employer, pastor, teacher, etc. If a relative, please state the relationship) _____

3. Do you know why the applicant wants to study at AGST? _____

_____

_____

4. What do you know about the applicant's personal commitment to Christ? _____

_____

_____

5. In what ways has the applicant been involved in the life and work of his/her local congregation? _____

_____

_____

6. Does he/she have a place of ministry after finishing studies at AGST? _____

_____

_____

_____

7. All people have weaknesses. What do you feel are the main areas of weakness in the applicant's life?

_____

_____

8. Give your opinion of the applicant's character: General maturity and stability, relationship with others, honesty and reliability, diligence in assignments, willingness to do manual work, moral uprightness, and other relevant points. _____

_____

_____

9. Give your opinion of the applicant's intellectual capacity to pursue postgraduate studies (e.g. ability for critical thinking and scholarly research). _____

_____

_____

10. Give your opinion of the applicant's health – keeping in mind the hard work and emotional pressures to be faced in seminary and in the future Christian ministry? _____

_____

_____

11. Are there any problems in the applicant's family, which might affect his/her studies, such as opposition from parents, lack of finances, poor health of relatives, etc.? _____

_____

_____

12. Please tick one:

_____ I recommend the applicant very highly
_____ I recommend the applicant.
_____ I recommend the applicant with hesitation.
_____ I do not recommend the applicant.

Signature: _____

Position or Title _____

Address _____

_____

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MEDICAL FORM FOR APPLICANT

(It is in the applicant's own interest to complete this form as honestly and as accurately as possible.)

Portion to be completed by applicant:

Full Name _____

Date of Birth _____ Sex _____ Single/Married _____

Number and ages of children _____

_____

Home Address _____
Family History: List illnesses and causes of death of
Parents: _____

Brothers or Sisters: _____

Wife or children_____

Signed: _____ Date: _____

Portion to be completed by applicant's doctor:

1. Does he have any physical deformities or limitations? (If so, please specify)

_____

_____

2. If he suffers from any of the following, please encircle them:

Poor vision	Allergies	Diarrhea
Eye strain	Shortness of breath	Frequent constipation
Poor hearing	Asthma	Muscle or bone pain
Noises in ears	Bronchitis	Mental depression
Frequent headaches	Palpitations of the heart	Sleep trouble
Frequent colds	Skin disease	Frequent urination
Nose bleeds	Food intolerance	Blood in urine or stool
Bleeding gums	Indigestion	Trouble with periods (if female)
Sinus trouble	Stomach pains	

3. List any illnesses he has had (including surgery, diabetes, heart trouble, seizures, venereal disease, tuberculosis, etc.) _____

4. Is he allergic to any drugs? _____ if so, which? _____

5. If he is taking long-term drugs (e.g. for TB), please specify. _____

6. How long have you known or treated this applicant? _____

Examination of applicant: _____ Weight _____
Eyes _____ Visual Acuity (Right) _____ (Left) _____
Ears _____ Hearing (Right) _____ (Left) _____
Mouth _____ Throat _____
Teeth _____ Palpable Glands _____
Chest: Expansion _____ Auscultation _____
Cardio vascular system: Pulse (resting) _____ After 1 min. running _____
Blood Pressure _____ Heart sounds _____
Abdomen: Scars _____ Palpable organs _____
Tenderness _____ Hernias _____
Genitalia _____ Rectum _____ Hemorrhoids _____
Neurological: Power _____ Sensation _____
Co-ordination _____ Reflexes _____

Mental Evaluation: Has the applicant any history of mental disorder? _____
If so, state its duration and treatment given. _____
Are there now any signs of excess anxiety, depression, or hallucination? _____

Laboratory tests: Chest X-ray (or screen) _____

IMPORTANT: Do you find from the applicant's history and examination reasons to think he might not tolerate years of intensive mental demands, and changes of diet, climate and culture? _____

Please summarize important findings: _____

_____

Date: _____ Signature of Doctor: _____

Address: _____

Please type or print all information legibly.