

# PHILIPPINE BAPTIST THEOLOGICAL SEMINARY

# APPLICATION FOR ADMISSION

For International Applicants

Registrar's Office
19 Tacay Road, Guisad
2600 Baguio City, Philippines
+63-74-442-0361
registrar@pbts.net.ph
https://pbts.net.ph

### PHILIPPINE BAPTIST THEOLOGICAL SEMINARY

The Admissions Committee welcomes your application to PBTS. Included in this packet are the forms needed for your application as well as instructions for accomplishing them. Please fill out the forms carefully and legibly. The application process should be completed, preferably at least one month before the term the student intends to begin.

The Application for Admission Checklist for International Applicants  1. Complete the Application
☐ Application Form (pages 3 to 5)
☐ 2x2 Colored ID Photo against White Background
☐ Church Recommendation Form¹ (pages 6 to 8)
☐ Medical Certificate Form (page 9)
☐ Three sets of Recommendation Form <sup>2</sup> (pages 10-15)
☐ Official Transcript of Records (OTR) from the last school/institution attended
☐ Essay on conversion, service, and call to the ministry
☐ Valid Passport (photocopy of the bio-data page)
☐ Marriage Certificate (if married and spouse is coming with the applicant)
☐ Children's Birth Certificate (if coming with the applicant)
Notes:
<ol> <li>This recommendation must be by vote of the congregation and not just from the pastor or church secretary. The applicant should have been an active member of the recommending church for at least one year before entering the Seminary. Some circumstances, clearly explained, may allow exceptions to this one-year rule on faculty approval.</li> <li>Each of these will be accomplished and mailed directly to PBTS by three individuals not a relative of the applicant.</li> </ol>
2. Submit the Application
☐ Direct all forms and documents to
The Registrar
Philippine Baptist Theological Seminary
19 Tacay Road, Guisad, Baguio City, 2600
registrar@pbts.net.ph
$\square$ Pay the One-Time Application Fee (OTAF) <sup>3</sup> : non-refundable
Major Developed Countries (G7)4: USD 115
Other Countries: USD 100
☐ TOEFL or IELTS Result (for Non-Native English Speaker): Date Taken: OR Take the Online English Exam (PBTS-Administered Test): USD 10 (Php 500)³
On take the Online English Exam (FBT3-Administered Test). USB 10 (Fhp 300)
Notes:
<ol> <li>Payment can be made through bank deposit to the Bank of Philippine Islands (BPI) Account Number 0564-0317-12; Swift Code: BOPIPHMM; Bank Code: 005873. Then email the scanned deposit slip to registrar@pbts.net.ph</li> <li>Based on the list released by the UN: Canada, Japan, France, Germany, Italy, the United Kingdom, and the United States. (Source:http://www.un.org/en/development/desa/policy/wesp/wesp_current/2014wesp_country_classification.pdf)</li> </ol>
3. Wait for your <b>Notice of Approval</b> from the Admissions Committee
4. Make arrangements for seminary housing
☐ Seminary Housing Application Form (page 16)
The Admission Procedure ELIGIBILITY

An applicant for admission to PBTS is expected to display the following characteristics:

- 1. Commitment to Christian service based on a divine call;
- 2. Good standing in the home church, community, and church as evidenced by a letter of recommendation from his/her local church;
- 3. Good physical health, as evidenced by a thorough medical examination that includes a chest x-ray.
- For those applying for admission to a Master's degree program, an applicant must have completed a college degree.
- Those who have completed at least 74 college units, including 12 in English, OR have completed at least a two-year vocational course, including 12 units in English, are qualified for admission to any Bachelor's degree program.



### **Application Form**

Applicant Information				
Full name				
Last or Family Name	First or Given Nar	me/s	Middle Na	me Maiden Name (if applicable)
Current mailing address				
Current mailing address	partment / Box / Street	Number	Barangay	Municipality / City
		Citizenshi	p	Country
Province / State Country	Zip Code			Country
Email Address		Telephone	e	
Date of Birth		Place of B	Birth	
Month Day	Year		Town / C	City / Country
Marital Status: ☐ Single ☐ Annulled ☐ Re-marri	☐ Married ☐ Widowed ed ☐ Separated	G€	ender: 🗆 Ma	ıle □ Female
<b>Educational Information</b>				
High School				
Name of School	Address			Year Graduated
Education beyond high sch college, university, seminal separate sheet of paper if	ry, and profession			_
Name of Institution (do not abbreviate)	Address	Date	s Attended	Degree Conferred with Special Order No.
Name of Institution (do not abbreviate)	Address	Date	s Attended	Degree Conferred with Special Order No.
Name of Institution (do not abbreviate)	Address	Date	s Attended	Degree Conferred with Special Order No.
Name of Institution (do not abbreviate)	Address	Date	s Attended	Degree Conferred with Special Order No.
Name of Institution (do not abbreviate)	Address	Date	s Attended	Degree Conferred with Special Order No.

Church Information		
What is your current chu	ırch membership?	
Name of Church (do not abbr	eviate)	Mailing Address
Phone	Name of Pastor	Date of Membership
Is the church that holds  Yes No	-	th the Southern Baptist Convention?
If no, what denomination	nal affiliation? Please be spec	ific:
Purpose in Seeking Ser	ninary Education	
<ul><li>☐ Pastorate</li><li>☐ Church Planting</li><li>☐ Christian Education</li></ul>	<ul><li>☐ Music Ministry</li><li>☐ Church Administration</li></ul>	n □ Evangelist □ Missionary
Registration Information	n	
	ester in which you plan to beg □ Summer Institute	gin your study: Year:
Please indicate student  ☐ New ☐ Readm	status: ission (please attach an expla	anation)   Other:
Location: ☐ Baguio Campus	☐ Extension Center:	
	Se	ee www.pbts.net.ph/extension for current locations
Check the <i>one</i> program  ☐ Master of Divinity  ☐ Master of Arts in Mini  ☐ Bachelor of Theology  ☐ Associate in Church I	☐ Bachelor of C	urch Music s in Missiology
Family and Ministry		

- 1. Please attach to your application an essay that describes in detail the following areas regarding your family and ministry (you may use as many sheets of paper as you need for this essay):
  - a. home and religious background c. experience in the ministry
  - b. conversion and call to the ministry d. reasons for desiring theological education

Financial .	Arrangements					
1. Ho	w do you plan to	o support your s	seminary ed	ducation?		
Personal I	Information					
Spouse's i	name:					
	Last or Family	Name	First or Giv	ren Name/s	Middle Name	
Date of ma	arriage:					
	Month	Day Ye	ear			
Children: _	Name	Date of Birth	m/f	Name	Date of Birth	m/f
_	Name	Date of Birth	m/f	Name	Date of Birth	m/f
_	Name	Date of Birth	m/f	Name	Date of Birth	m/f
Waiver PBTS reseleader or coaccess letterequested	erves the right to other persons. To ters of reference will be notified of I hereby waive not waive n	o request inform to assure comple e. Please indicat of your decision my right of acces	etion from ete objectiv te your dec ss to letters	your present or for ity, it is helpful if ision. Those fron as of reference that	ogical or other schooling or control or cont	onvention ght to es are
Signed	Аррі	licant's Signature	[	Date		
Statemen	t					
with the pu	urposes and obj	ectives of the so	chool as sti	pulated in the Stu	eledge to live in haudent Handbook audent to withdraw	and
Signed	Applio	cant's Signature	[	Date		



enough.

# Church Recommendation

TO THE APPLICAN Please complete this sec		to your church pastor.			
Application for the  ☐ First Semester		_ Semester □ S	Summer		
Name					
Address					
House No.	Street	Baranggay	Municipality/City	Province	Zip Code
Telephone					
Land	line	Cellpl	none	Work	
Email					
God-called and church-se	elected men and world and world and world world with the complete the	omen for Christian mini eting the form, mail it dir	aptist Theological Seminary stry. Your recommendation rectly to THE REGISTRAR,	is valuable in evaluati	ng the
3a. How di □ E □ E	you known the u know the ap ne applicant be d the applican By baptism Da	plicant? □ Casu een a member of it gain membersh ate baptized ate transferred _	ally   Well your church?	,	ell Months
-	•		cal church. Please be se a separate sheet i	•	•

1. Which of □ F	the Applicant these spiritual gif Preaching Teaching		ration	date d □ Mu □ Oth	sic	within the church?
	ls to potential in C Excellent	hristian mini				eant? □ Poor
	plicant the type w nary training is cor					r worker of your church ☐ Maybe
4. Using a	scale of 1 to 5, wit	h 5 as the hi	ghest, plea	se rat	e the applican	t in the following areas:
Doe: form	s the applicant display ulate, execute, and capletion?	the ability to	1		g. Sensitivity _ How well does th to how others fee	e applicant display sensitivity
Does	motional adjustmes the applicant mainta controlled life?		nd		h. Self-image How well does th	e applicant see him/herself?
Does	ntelligence s the applicant posses acity?	ss high mental			Does the applicar	riendliness nt show the capability of fferent groups of people?
Does	eadership s the applicant display ence and inspire other				j. Teachability How well does th teaching moment	e applicant respond to
How	Perseverance does the applicant han task?	 andle difficulties	in a		k. Teamwork _ Does the applical with others well?	nt show an ability to work
Is the	nysical condition _ e applicant healthy an inary studies?		with			
□ H □ H	e Applicant the applicant mee lelp from the fami lelp from friends Others	ly □ H □ P	lelp from th ersonal sav	e chu vings		
2. If the chu	urch decides to he	lp the applic	ant, please	indica	ate the amoun	t and the frequency:
	Annual 🗆 Qua	arterly 🗆 S	emi-annua	l	☐ Monthly	
3. The finar	ncial help will be s	ent:   Thro	ugh the sch	nool	☐ Directly to	the student

### **CHURCH ACTION**

Approved for reco	mmendatio	on by the chui	ch during its regular/special business meeting held on
Month	Day	Year	
Approved by (Plea  ☐ Elder ☐ (		•	the pastor):  ☐ Chairman of the Deacons ☐ Other
Your name (please p	rint/write in blo	ock letters)	Title
Your address (pleas	se print)		
Your signature			Date signed
Church secretary	(Full name and	d signature)	
Date signed			



# Medical Certificate

Basic Information
Applicant's Name Date Examined How long and in what capacity have you known the applicant?
Gender:   Male  Female  Height:  (cm)  Weight:  Body temperature:  Blood type:  Blood pressure:  Blood pressure:  Female  Height:   Blood pressure:  Female  Height:  Female  He
Pulse rate: Hemoglobin:  General appearance
Emotional statusSymptoms of emotional instability At any time has there been contact with active Tuberculosis/Hepatitis where the applicant lived or worked? If yes, explain
Check if the applicant has ever received treatment for:  □ Allergy □ Tuberculosis □ Hepatitis A □ Hepatitis B □ Typhoid Fever □ Nervous disorder □ Others (please specify)
Required Laboratory Tests
Chest X-ray (Please attach report on findings). I recommend
Urinalysis (Please attach report on findings). I recommend
The applicant has the following abnormal conditions not mentioned above
Recommendation
Based on your professional opinion, is the applicant physically qualified to do part-time physical work?  ☐ Yes ☐ No
Do you recommend the applicant for admission to PBTS?  ☐ Yes ☐ No
Please add any further information that will be helpful to the seminary physician.
Examining physician: License no.: Address:

This form should be mailed by the examining physician directly to THE REGISTRAR P.O. Box 7, Baguio City, 2600 Philippines.

## **Recommendation for Admission**

to The Philippine Baptist Theological Seminary

Applicant's Name:								
This form is confidential. It will become the property of PBTS and will not be returned to the student. Should the applicant be denied the application or otherwise not enroll, PBTS is neither obliged to disclose the contents of the application to the applicant nor releas any information to a party legally unrelated to the school unless required to do so. Upon enrollment, the application form becomes a part of the student's permanent academic record.								
To be completed by Recommender (family members Please print legibly.	are not acc	eptab	ole)					
Recommender's name: E-	-mail addres	s:						
Recommender's address:								
Recommender's job title: M	lobile numbe	er:(	)					
How long have you known the applicant?								
How did you know the applicant?								
Please indicate your understanding of the applicant's mir	nisterial goal	S						
Please evaluate the applicant in the following areas. Mak for any Below Average or Poor responses. Feel free to us Legend: 1-Poor   2-Below Average   3-Average   4-Above Average   5-Outstan	se that spac	e for o						
Character (person of moral and spiritual integrity)	1	2	3	4	5	Ν		
Judgment	1	2	3	4	5	Ν		
Emotional stability	1	2	3	4	5	Ν		
Maturity	1	2	3	4	5	Ν		
Commitment to church-related vocation	1	2	3	4	5	Ν		
Potential for effective ministry	1	2	3	4	5	Ν		
Skill in relating to others	1	2	3	4	5	Ν		
Financial responsibility	1	2	3	4	5	Ν		
Spouse/family relations	1	2	3	4	5	Ν		
Academic/intellectual abilities	1	2	3	4	5	Ν		
Leadership potential	1	2	3	4	5	Ν		

Thank you for your thoughtful responses. Please return this form to: The Registrar
Philippine Baptist Theological Seminary
19 Lt. Tacay Road, Guisad Central
Baguio City, 2600
Philippines

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to The Philippine Baptist Theological Seminary

Applicant's Name:						
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To be completed by Recommender (family members are Please print legibly.	not acc	eptab	ole)			
Recommender's name: E-ma	ail addres	s:				
Recommender's address:						
Recommender's job title: Mob	ile numbe	er:(	)			
How long have you known the applicant?						
How did you know the applicant?						
Please indicate your understanding of the applicant's minist	erial goals	S				
Please evaluate the applicant in the following areas. Make of for any Below Average or Poor responses. Feel free to use Legend: 1-Poor   2-Below Average   3-Average   4-Above Average   5-Outstanding	that space	e for o				
Character (person of moral and spiritual integrity)	1	2	3	4	5	Ν
Judgment		2	3	4	5 5	Ν
Emotional stability	1				5	Ν
Maturity	1			4		Ν
Commitment to church-related vocation	1	2	3	4	5	N
Potential for effective ministry	1	2	3	4	5	N
Skill in relating to others	1	2	3	4	5	N
Financial responsibility	1	2	3	4	5	N
Spouse/family relations	1	2	3	4	5	N
Academic/intellectual abilities	1 1	2 2	3	4	5 5	N
Leadership potential	I	_	S	4	3	N

Do you know of any physical, mental, or emotional problems which might hinder effective work in Christian ministry? ☐ Yes ☐ No If yes, please elaborate.
Do you know of any physical, mental, or emotional problems which might hinder the applicant's academic progress? $\Box$ Yes $\Box$ No If yes, please elaborate.
Do you know of any personal habits (sexual behavior, drug/alcohol use) or personal prejudices which might hamper service in a church-related position?
How do you perceive the attitude of the applicant's spouse/fiancé toward seminary education and vocational Christian ministry?  Uery positive Positive, with some reservations Neutral Not applicable Please elaborate:
Would you recommend this person to a church-related position upon completion of seminary training? $\ \square$ Yes $\ \square$ No
Do you recommend this person for admission?  ☐ Yes ☐ No
If yes, please check one:  ☐ With confidence ☐ With some reservations ☐ With reluctance
What characteristics do you consider to be the greatest strengths or talents of the applicant?
What characteristics do you consider to be the greatest weaknesses of the applicant?
Additional Comments:
Recommender's Signature Date
Thank you for your thoughtful responses. Please return this form to:

The Registrar
Philippine Baptist Theological Seminary
19 Lt. Tacay Road, Guisad Central
Baguio City, 2600
Philippines

## **Recommendation for Admission**

to The Philippine Baptist Theological Seminary

Applicant's Name:												
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To be completed by Recommender (family members are Please print legibly.	e not acc	eptak	ole)									
Recommender's name: E-m	ail addres	s:										
Recommender's address:												
Recommender's job title: Mob	oile numbe	er:(	)									
How long have you known the applicant?												
How did you know the applicant?												
Please indicate your understanding of the applicant's minis	terial goals	6										
Please evaluate the applicant in the following areas. Make for any Below Average or Poor responses. Feel free to use Legend: 1-Poor   2-Below Average   3-Average   4-Above Average   5-Outstanding	that space	e for $\epsilon$										
Character (person of moral and spiritual integrity)	1	2	3	4	5 5	Ν						
Judgment	1	2	3	4	5	Ν						
Emotional stability					5							
Maturity				4		Ν						
Commitment to church-related vocation	1	2	3	4	5	N						
Potential for effective ministry	1	2	3	4	5	N						
Skill in relating to others	1	2	3	4	5	N						
Financial responsibility	1	2	3	4	5	N						
Spouse/family relations	1	2	3	4	5	N						
Academic/intellectual abilities	1 1	2	3 3	4 4	5 5	N N						
Leadership potential	1	4	3	4	J	ı N						

Thank you for your thoughtful responses. Please return this form to: The Registrar
Philippine Baptist Theological Seminary
19 Lt. Tacay Road, Guisad Central
Baguio City, 2600
Philippines



### Application for On-Campus Housing

### • Please send a completed housing application with the application for admission.

• Do not fill in the information below if NOT applying for on-campus housing.

Refusal of Campus Housing	
Please check the box below, print your r you do not require campus housing. No not stay on campus.	,
☐ NO. I do not need on-campus hou	sing.
Print Full Name	Date of Birth

Title Name								
Spouse's Name (if applicab	ole)							
Address	Town/C	City	Province		Zip Code			
Telephone		Birthdate		. <u> </u>				
□ New Student □ Current Student □ Returning Student □ Physical Limitation/Disability? Please explain:					☐ Single ☐ Married ☐ Male ☐ Female			
Children								
Name	Age	Gender	Name		Age	Gender		
Name	Age	Gender	Name		Age	Gender		
Name	Age	Gender	Name		Age	Gender		
When do you plan to	o begin your st	udies?	nth Year		_			
Date housing neede	ed:							

A refundable Php 500.00 deposit is required to apply for campus housing. The deposit must be received by Finance Office within 30 days of your acceptance to the Seminary. You may either pay in cash to our Finance Office or deposit to the seminary bank account at any branch of BPI nationwide. The details are

Year

Bank of Philippine Islands (BPI) Account Name: Philippine Baptist Theological Seminary Account number **0561-0297-68** 

Then email the scanned deposit slip to  $\verb|registrar@pbts.net.ph| or fax it to 074-300-2863.$ 

Month

Refunds will be given if you are not accepted as a student; if housing is unavailable; or if you cancel your reservation more than 30 days before your planned occupancy. Include this housing application with your application for admission.