

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.edu.ph  
<https://pbts.edu.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 at least one month before the semester 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 Form<sup>1</sup> (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 (for married applicants)
- Children's Birth Certificate (if coming with the applicant)

#### Notes:

1. 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.
2. Each of these will be accomplished and mailed directly to PBTS by three individuals not a relative of the applicant.

#### 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

- Pay the One-Time Application Fee (OTAF)<sup>3</sup> : USD 115.00 (non-refundable)
- TOEFL or IELTS Result (for Non-Native English Speaker): \_\_\_\_\_ Date Taken: \_\_\_\_\_  
OR Take the Online English Exam (PBTS-Administered Test): USD 11.00 (Php 600.00)<sup>3</sup>

#### Notes:

3. Payment can be made through bank deposit to the Bank of Philippine Islands (BPI) Account number **0564-0137-12**; Swift Code: BOPIPHMM; Bank Code: 05873. Then email the scanned deposit slip to registrar@pbts.edu.ph

#### 3. Wait for your **Notice of Approval** 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.



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# Application Form

## Applicant Information

Full name

\_\_\_\_\_  
Last or Family Name      First or Given Name/s      Middle Name      Maiden Name (if applicable)

Current mailing address \_\_\_\_\_

\_\_\_\_\_  
Apartment / Box / Street Number      Barangay      Municipality / City

\_\_\_\_\_  
Province / State      Country      Zip Code

Citizenship \_\_\_\_\_  
Country

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month      Day      Year

Place of Birth \_\_\_\_\_  
Town / City / Country

Marital Status:  Single       Married  
 Annulled       Widowed  
 Re-married       Separated

Gender:  Male       Female

## Educational Information

High School

\_\_\_\_\_  
Name of School      Address      Year Graduated

Education beyond high school. Please list **all** institutions attended including bible school, college, university, seminary, and professional (technical-vocational) training. You may use a separate sheet of paper if needed.

\_\_\_\_\_  
Name of Institution (do not abbreviate)      Address      Dates Attended      Degree Conferred with Special Order No.

\_\_\_\_\_  
Name of Institution (do not abbreviate)      Address      Dates Attended      Degree Conferred with Special Order No.

\_\_\_\_\_  
Name of Institution (do not abbreviate)      Address      Dates Attended      Degree Conferred with Special Order No.

\_\_\_\_\_  
Name of Institution (do not abbreviate)      Address      Dates Attended      Degree Conferred with Special Order No.

\_\_\_\_\_  
Name of Institution (do not abbreviate)      Address      Dates Attended      Degree Conferred with Special Order No.

## Personal Information

Spouse's name:

Last or Family Name	First or Given Name/s	Middle Name
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Date of marriage: \_\_\_\_\_  
 Month                  Day                  Year

Children: \_\_\_\_\_

Name	Date of Birth	m/f
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Church Information

What is your current church membership?

Name of Church (do not abbreviate)	Mailing Address	
_____	_____	
Phone	Name of Pastor	Date of Membership
_____	_____	_____

Is the church that holds your membership affiliated with the Southern Baptist Convention?

Yes     No

If no, what denominational affiliation? Please be specific: \_\_\_\_\_

## Purpose in Seeking Seminary Education

What is your desired ministry (indicate order of preference: 1,2,etc...1 being the most preferred):

<input type="checkbox"/> Pastorate	<input type="checkbox"/> Church Planting	<input type="checkbox"/> Christian Education
<input type="checkbox"/> Music Ministry	<input type="checkbox"/> Church Administration	<input type="checkbox"/> Chaplaincy
<input type="checkbox"/> Counseling	<input type="checkbox"/> Evangelist	<input type="checkbox"/> Missionary
<input type="checkbox"/> Other (please specify) _____		

Have you ever had a serious illness or injury which interrupted your schooling? Please explain.

Have you ever been refused admission by or dismissed from a theological or other school?

## Registration Information

Please indicate the semester in which you plan to begin your study:

First     Second     Summer Institute    Year: \_\_\_\_\_

Please indicate student status:

New       Readmission (please attach an explanation)       Others: \_\_\_\_\_

Location:

Baguio Campus       Extension Center: \_\_\_\_\_  
See [www.pbts.net.ph/extension](http://www.pbts.net.ph/extension) for current locations

Check the **one** program to which you are applying for admission:

Ecclesiastical Programs:

<input type="checkbox"/> Master of Divinity	<input type="checkbox"/> Master of Arts in Contextual Ministry
<input type="checkbox"/> Master in Church Ministry	<input type="checkbox"/> Master of Church Music
<input type="checkbox"/> Bachelor of Theology	<input type="checkbox"/> Bachelor of Church Music
<input type="checkbox"/> Certificate in Ministerial Training	<input type="checkbox"/> Certificate in Church Music

Civil Programs:

Master of Arts in Theology       Master of Arts in Pastoral Ministry

**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

**Waiver**

PBTS reserves the right to request information from your present or former pastor or convention leader or other persons. To assure complete objectivity, it is helpful if you waive your right to access letters of reference. Please indicate your decision. Those from whom references are requested will be notified of your decision.

- I hereby waive my right of access to letters of reference that PBTS receives.  
 I do not waive my right of access to letters of reference that PBTS receives.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature

**Statement**

If admitted to study at the Philippine Baptist Theological Seminary, I pledge to live in harmony with the purposes and objectives of the school as stipulated in the Student Handbook and Catalog. I understand the Seminary reserves the right to request a student to withdraw at any time.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature



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# Church Recommendation

## TO THE APPLICANT

Please complete this section before giving it to your church pastor.

Application for the year \_\_\_\_\_

First Semester     Second Semester     Summer

Name

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Address

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House No.	Street	Baranggay	Municipality/City	Province	Zip Code
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Telephone

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Landline	Cellphone	Work
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Email

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## TO THE PASTOR

The student named above is applying for admission to Philippine Baptist Theological Seminary. We are committed to training God-called and church-selected men and women for Christian ministry. Your recommendation is valuable in evaluating the qualifications of this candidate. After completing the form, mail it directly to THE REGISTRAR, P.O. BOX 7, BAGUIO CITY 2600, PHILIPPINES.

Please complete the following sections.

### A. About the Applicant

1. How long have you known the applicant? \_\_\_\_\_ Years    \_\_\_\_\_ Months
2. How well do you know the applicant?  Casually     Well     Very Well
3. How long has the applicant been a member of your church? \_\_\_\_\_ Years    \_\_\_\_\_ Months
  - 3a. How did the applicant gain membership?
    - By baptism Date baptized \_\_\_\_\_
    - By transfer Date transferred \_\_\_\_\_
    - By profession of faith

4. Describe the applicant's involvement in the local church. Please be detailed (for example, leadership positions and year(s) held). Please use a separate sheet if the space below is not enough.

**B. Ability of the Applicant**

1. Which of these spiritual gifts/talents has the candidate demonstrated within the church?

- Preaching       Administration       Music  
 Teaching       Counseling       Others \_\_\_\_\_

2. In regards to potential in Christian ministry, how do you rate the applicant?

- Excellent       Very Good       Good       Poor

3. Is the applicant the type whom you would be willing to call as pastor or worker of your church once seminary training is completed?       Yes       No       Maybe

4. Using a scale of 1 to 5, with 5 as the highest, please rate the applicant in the following areas:

a. Achievement \_\_\_\_\_

*Does the applicant display the ability to formulate, execute, and carry out plans to completion?*

g. Sensitivity \_\_\_\_\_

*How well does the applicant display sensitivity to how others feel?*

b. Emotional adjustment \_\_\_\_\_

*Does the applicant maintain a balanced and self-controlled life?*

h. Self-image \_\_\_\_\_

*How well does the applicant see him/herself?*

c. Intelligence \_\_\_\_\_

*Does the applicant possess high mental capacity?*

i. Sociability/Friendliness \_\_\_\_\_

*Does the applicant show the capability of identifying with different groups of people?*

d. Leadership \_\_\_\_\_

*Does the applicant display the ability to influence and inspire others?*

j. Teachability \_\_\_\_\_

*How well does the applicant respond to teaching moments?*

e. Perseverance \_\_\_\_\_

*How does the applicant handle difficulties in a given task?*

k. Teamwork \_\_\_\_\_

*Does the applicant show an ability to work with others well?*

f. Physical condition \_\_\_\_\_

*Is the applicant healthy and able to cope with seminary studies?*

**C. Aiding the Applicant**

1. How will the applicant meet his/her financial needs?

- Help from the family       Help from the church  
 Help from friends       Personal savings  
 Others \_\_\_\_\_

2. If the church decides to help the applicant, please indicate the amount and the frequency:

\_\_\_\_\_  Annual       Quarterly       Semi-annual       Monthly

3. The financial help will be sent:  Through the school       Directly to the student

**CHURCH ACTION**

*Approved for recommendation by the church during its regular/special business meeting held on*

\_\_\_\_\_.  
Month Day Year

Approved by (Please check if you are not the pastor):

Elder       Chairman of the Board       Chairman of the Deacons       Other \_\_\_\_\_

Your name (please print/write in block letters) \_\_\_\_\_ Title \_\_\_\_\_

Your address (please print) \_\_\_\_\_

Your signature \_\_\_\_\_ Date signed \_\_\_\_\_

Church secretary (Full name and signature) \_\_\_\_\_

Date signed \_\_\_\_\_



PHILIPPINE BAPTIST  
THEOLOGICAL SEMINARY

# 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: \_\_\_\_\_ (kg)

Body temperature: \_\_\_\_\_ °C

Blood type: \_\_\_\_\_

Blood pressure: \_\_\_\_\_

Pulse rate: \_\_\_\_\_

Hemoglobin: \_\_\_\_\_

General appearance \_\_\_\_\_

Emotional status \_\_\_\_\_ Symptoms 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: \_\_\_\_\_

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### To be completed by Recommender (family members are not acceptable)

*Please print legibly.*

Recommender's name: \_\_\_\_\_ Email address: \_\_\_\_\_

Recommender's address: \_\_\_\_\_

Recommender's job title: \_\_\_\_\_ Mobile number:( \_\_\_\_\_) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How did you know the applicant? \_\_\_\_\_

Please indicate your understanding of the applicant's ministerial goals

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Please evaluate the applicant in the following areas. Make comments on the back of this sheet for any Below Average or Poor responses. Feel free to use that space for other comments.

Legend: 1-Poor | 2-Below Average | 3-Average | 4-Above Average | 5-Outstanding | N-No Information

Character (person of moral and spiritual integrity)	1	2	3	4	5	N
Judgment	1	2	3	4	5	N
Emotional stability	1	2	3	4	5	N
Maturity	1	2	3	4	5	N
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	2	3	4	5	N
Leadership potential	1	2	3	4	5	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?  Yes  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?  
 Yes  No If yes, please elaborate.

How do you perceive the attitude of the applicant's spouse/fiancé toward seminary education and vocational Christian ministry?

- Very positive  Positive, with some reservations  
 Neutral  Negative  
 Not applicable Please elaborate: \_\_\_\_\_

Would you recommend this person to a church-related position upon completion of seminary training?  Yes  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:

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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

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Recommender's address: \_\_\_\_\_

Recommender's job title: \_\_\_\_\_ Mobile number:( \_\_\_\_\_) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How did you know the applicant? \_\_\_\_\_

Please indicate your understanding of the applicant's ministerial goals

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Leadership potential	1	2	3	4	5	N

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Very positive  Positive, with some reservations

Neutral  Negative

Not applicable Please elaborate: \_\_\_\_\_

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 Yes  No

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Philippine Baptist Theological Seminary

19 Lt. Tacay Road, Guisad Central

Baguio City, 2600

Philippines

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How did you know the applicant? \_\_\_\_\_

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Recommender's Signature

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