

Republic of the Philippines ASIAN SEMINARY OF CHRISTIAN MINISTRIES

By-Pass Rd., Brgy. San Vicente II, Silang, Cavite 4118 www.ascm.edu.ph

OFFICE OF THE REGISTRAR

APPLICATION FOR ADMISSION FORM

Please answer all questions. Incomplete applications will be returned and will delay admission and registration process.

1.	PLEASE CHECK THE CAMPUS AND PROGRAM FOR WHICH YOU ARE APPLYING:					
	O Silang Campus	OExtension(SPECI	IFY THE CENTER)	!		
Da	ate applying:	 □ Doctoral Program □ Master Program □ Bachelor Program □ Certificate Program □ Audit 			2x2 Photograph here	
۷.	FULL LEGAL NAM					
		Surname	First	Middle	}	
3.		S: O Single O Married of Spouse	•	-		
	If single, Name of O Parents or O Guardian					
4.	BIRTHDATE: Mon	ıthDay	_ Year CURRF	ENT AGE S	SEX: O Male O Female	
5.	BIRTHPLACE: (City/ Province		Country		
6.	NATIONALITY:					
7.	CURRENT ADDRESS:					
		PERMANENT ADDRESS (If different from above):				
9.	HOME PHONE:FAX NO.:FAX NO.:					
10.	. LANGUAGE: What is your first language?List other languages or dialects you speak/write:					
11.	Address:	ou currently attend:				
	Pastor's Name:		Church Phone:			
Wh	• ,	u been a member of this ational affiliation?				
	. CURRENT EMPLO	OYER:			· · · · · · · · · · · · · · · · · · ·	
_				O Full-time	O Part-time	
13.	LIST EDUCATION	IAL BACKGROUND: Co	omplete the following	information.		
	gh School	DF SCHOOL		PROGRAM NAME	HONORS RECEIVED	
	•					
Oth	hers					
Pro	ofessional Licensure Fa	-arned				

14.	HAVE YOU EVER AF	PPLIED TO ASCM IN THE PAST? • Yes • No If yes, date									
15.		EN DENIED ADMISSION TO OR DISMISSED FROM ANY BIBLE SCHOOL OR Yes O No If yes, give details									
16.		EN CONVICTED OF A CRIME? O Yes O No separate piece of paper with an explanation.									
17.	RELIGIOUS BIOGRAPHY STATEMENT: When did you receive Jesus Christ as your personal Savior and Lord?										
	Have you been baptized in water by immersion? O Yes O Not yet If yes, when? Have you received the baptism in the Holy Spirit with the evidence of speaking in other tongues? O Yes O No Do you keep a consistent devotional life (daily prayer and meditation on the Word)? O Yes O No Why do you want to study at ASCM? What has been your involvement in Christian service, and how do you perceive your gifts for ministry? What does it mean to you to have Christian faith?										
							18.	. HEALTH CONDITION	Please specify if you have any disease or physical disability		
							19.	REFERENCES: List complete names and e-mail addresses of three persons (Pastor/Spiritual Director; Former Employer/Teacher; Friend). Family members and close relatives are not eligible as references.			
							Name	Address			
		Address									
	Name	Address									
20.	Tuition/School Fees _	ATION: Please indicate your sources of financial support for payment of:									
enr	rolled and will have to r I acknowledge that all	nts: arrive at ASCM without the required funds and admission documents, I will not be seturn home immediately at my own expense. I statements on this application are true to the best of my knowledge and any buse denial of admission from the Seminary.									
Sig	nature : _	Student/Applicant									
Dat	te Filed : _										

NOTE: Kindly email this form to info@ascm.edu.ph