

If you desire to enroll in Aurora College of Intercultural Studies, Inc. (ACIS), please send the following documents to the ACIS Admin Office:
1. Birth Certificate (PSA)
2. Original copy of your Transcript of record, School Card, Other advanced school credit, Including date of Graduation and S.O Number
3. Two (2) 1x1 inch pictures
4. Pastor/Church Recommendation form filled out after your church voted normally to recommend you for study here
5. A type written statement of the ffg. *Conversion *Church Involvement *Call to Ministry
6. Medical Certificate
7. Passport (for Indo-China Exposure)

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APPLICATION FOR ADMISSION

Please affix
1x1"

Photos of
yourself

Date photos were taken: _____

I. INFORMATION CONCERNING YOURSELF

NAME:					
GENDER:		STATUS:		AGE:	
ADDRESS:					
CONTACT DETAILS:	TEL. NO:				
	EMAIL:				
BIRTHDATE:		BIRTHPLACE:			
NATIVE LANGUAGE:					
OTHER DIALECTS IN WHICH YOU COULD PREACH/ TEACH: (WRITE BELOW)					
HOME PROVINCE:		OCCUPATION:			
PLEASE STATE HOW YOU PLAN TO MEET YOUR LIVING EXPENSES WHILE STUDYING AT ACIS:					

II. INFORMATION CONCERNING YOUR EDUCATION

PRIMARY:			SCHOOL YEAR:
		<i>(NAME OF SCHOOL)</i>	
SECONDARY:			SCHOOL YEAR:
		<i>(NAME OF SCHOOL)</i>	
TERTIARY:			SCHOOL YEAR:
		<i>(NAME OF SCHOOL)</i>	
DEGREE ATTAINED:		S.O. NUMBER	
NAME OF OTHER SCHOOL(S) FROM WHICH YOU GRADUATED:			
			SCHOOL YEAR:
DEGREE ATTAINED:			

III. INFORMATION CONCERNING FAMILY (for married applicant only)

SPOUSE NAME:			BIRTHDATE:		
ADDRESS:					
SPOUSE EDUCATION:	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> TERTIARY	DEGREE ATTAINED:	
	PUT CHECK (/) ON THE BLANK			NO. OF CREDITS:	
SPOUSE'S CHURCH AND DENOMINATION:					
PLEASE LIST NAME AND AGE OF CHILD/CHILDREN:					

IV. INFORMATION CONCERNING YOUR CHURCH, SALVATION, AND CALL EXPERIENCE:

DATE YOU ACCEPTED JESUS CHRIST:	DATE OF BAPTISM :
NAME OF CHURCH IN WHICH YOU WERE BAPTIZED:	
DENOMINATION:	CHURCH MEMBERSHIP:
DENOMINATIONAL AFFILIATION OF YOUR PRESENT CHURCH:	
NAME AND ADDRESS OF YOUR PRESENT PASTOR:	
NAME AND ADDRESS OF THREE (3) PEOPLE WHO KNOW YOU AND AGREED TO RECOMMEND YOU TO ACIS:	
YOUR ASSESSMENT ABOUT YOUR CALL TO THE GOSPEL MINISTRY:	
<input type="checkbox"/> CALL IS DEFINITE <input type="checkbox"/> CALL IS NOT SO DEFINITE OTHERS: _____	
SPIRITUAL GIFTS/TALENTS YOU HAVE:	
<input type="checkbox"/> PREACHING <input type="checkbox"/> TEACHING <input type="checkbox"/> MUSIC <input type="checkbox"/> COUNSELING OTHERS: _____	
DO YOU HAVE ANY OF THESE HABITS:	
<input type="checkbox"/> DRINKING ALCOHOLIC BEVERAGES MODERATELY <input type="checkbox"/> SMOKING OTHERS: _____	
CHRISTIAN MINISTRY FOR WHICH YOU WISH TO PREPARE:	
<input type="checkbox"/> PASTORAL MINISTRY <input type="checkbox"/> MISSIONS <input type="checkbox"/> THEOLOGICAL EDUCATION <input type="checkbox"/> MUSIC	
OTHERS: _____	

V. INFORMATION CONCERNING YOUR PARENTS

FATHER:	AGE:	MOTHER:	AGE:
FATHER'S ADDRESS:		MOTHER'S ADDRESS:	
FATHER'S OCCUPATION:		MOTHER'S OCCUPATION:	
<input type="checkbox"/> CHECK IF DECEASED		<input type="checkbox"/> CHECK IF DECEASED	
CONTACT DETAILS:			
DO YOU HAVE THE PERMISSION/BLESSING OF YOUR PARENTS REGARDING YOUR PLAN TO ENROLL IN AURORA COLLEGE OF INTERCULTURAL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT YET			