



Biblical Seminary of the Philippines

77-B Bible Street, Karuhatan Road, 1441 Valenzuela City, Philippines

Mailing Address: P.O. Box 11, 1469 Valenzuela City, Philippines

Telephone Nos. (63-2) 8292-6795; 8292-6798; 8292-6827

Fax: (63-2) 8292-6675 E-Mail: admissions@bsop.edu.ph

Website: www.bsop.edu.ph

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Photo
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For online submission
please attach photo to
Email

APPLICATION FORM

Date: _____

STUDENT'S INFORMATION

Name (Eng) _____ (Chi) _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____ Gender _____
MM-DD-YYYY

Nationality _____ E-mail: _____ Mobile #: _____

Present Address _____ Landline No.: _____

Permanent Address _____ Landline No.: _____

Marital Status (Pls. Tick ✓): ☐ single ☐ in a relationship ☐ engaged ☐ divorced ☐ widowed ☐ married

If married: Date of Marriage _____ Name of Spouse _____
MM-DD-YYYY

No. of Children _____ Ages _____

REFERENCES (2)

The applicant is required to furnish two references one from his/her pastor, one from a Christian worker or leader other than family member or BSOP faculty member. Please indicate below the names and addresses of the individuals to whom you have given the reference forms.

1. Pastor: _____ Address: _____ Tel: _____

2. Christian W/L: _____ Address: _____ Tel: _____

EDUCATIONAL BACKGROUND

List all the schools attended beyond elementary: (High School, College/University, Seminary)

Name of School	Address	Course	Dates Attended

Which program of study do you wish to enroll? (Please Tick ✓)

<input type="radio"/> Master of Divinity in	<input type="radio"/> Biblical Studies	<input type="radio"/> Christian Counseling
	<input type="radio"/> Intercultural Studies (Mission)	<input type="radio"/> Pastoral Counseling
	<input type="radio"/> Pastoral Ministry	<input type="radio"/> Youth Ministry
<hr/>	<hr/>	<hr/>
<input type="radio"/> Master of Arts in	<input type="radio"/> Biblical Studies	<input type="radio"/> Christian Counseling
	<input type="radio"/> Intercultural Studies (Mission)	<input type="radio"/> Pastoral Counseling
	<input type="radio"/> Pastoral Ministry (Christian Leadership)	<input type="radio"/> Youth Ministry
<hr/>	<hr/>	<hr/>
<input type="radio"/> Graduate Diploma	<input type="radio"/> Certificate in Christian Ministry	<input type="radio"/> Audit Student

Do you plan to study ☐ Full-time ☐ Part-time

Are you a ☐ New student ☐ Transferee ☐ Cross-Enrollee

PERSONAL

Are you presently employed or attending school? ☐ Yes ☐ No

If yes, where? _____

If you are still enrolled in an undergraduate or graduate program of studies, please list the courses which you intend to complete before coming to BSOP, but which do not yet appear on your transcript of records.

Language Proficiency:	Language	Speak	Listen	Read	Write
Native Language:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acquired Language:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acquired Language:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following honestly

	Yes	No
1. Have you ever been refused admission to, suspended by, or dismissed from a school or seminary?	<input type="radio"/>	<input type="radio"/>
2. Have you ever been involved in a promiscuous activity? (E.g., Extramarital, premarital, homosexual relationship)	<input type="radio"/>	<input type="radio"/>
3. Do you have any vices?	<input type="radio"/>	<input type="radio"/>
4. Have you ever been in prison?	<input type="radio"/>	<input type="radio"/>
5. Have you ever been convicted of any crime?	<input type="radio"/>	<input type="radio"/>
6. Are you now, or have ever been, under a removal order (i.e., asked by immigration officials to leave a country)?	<input type="radio"/>	<input type="radio"/>
7. Have you ever been suspended, dismissed, or terminated from work?	<input type="radio"/>	<input type="radio"/>
8. Have you had any serious mental (psychological/psychiatric) or physical illness that required major operation or hospitalization?	<input type="radio"/>	<input type="radio"/>
9. Do you have any outstanding debts?	<input type="radio"/>	<input type="radio"/>
10. Is there anything in your life (past or present) that may hinder your study or jeopardize the reputation of BSOP?	<input type="radio"/>	<input type="radio"/>

If you answered yes to any of the questions above, briefly explain your answer. If it involves any sin, have you repented of them?

Is there any family situation that may interfere with your theological training? _____

Do you have sufficient funds for your seminary training? _____

If not, how do you plan to meet expenses?

SPIRITUAL

Church affiliation/denomination: _____

Present ministry involvement:

On a separate sheet, briefly describe your

1. Conversion experience (3–5 pages, double-spaced or 1,000–1,500 words)
2. Devotional life (1 page)
3. Calling to full-time ministry and future ministry plans (3–5 pages, double-spaced or 1,000–1,500 words)

POLICY

Have you carefully read the BSOP Catalogue

☐ Yes ☐ No

Have you carefully read the BSOP Statement of Faith

☐ Yes ☐ No

If yes, please explain and use separate sheet.

Registrar's Remarks:

- ☐ reference forms (2)
- ☐ entrance examination
- ☐ transcript of records
- ☐ average grade
- ☐ interview
- ☐ course enrolled
- ☐ others:

Sign over your printed name to certify
that all information given is true

Date MM-DD-YYYY