

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 Education |
| | <input type="radio"/> Intercultural Studies (Mission) | <input type="radio"/> Pastoral Counseling |
| | <input type="radio"/> Pastoral Ministry | |
-
- | | | |
|---|--|---|
| <input type="radio"/> Master of Arts in | <input type="radio"/> Biblical Studies | <input type="radio"/> Christian Education |
| | <input type="radio"/> Intercultural Studies (Mission) | <input type="radio"/> Pastoral Counseling |
| | <input type="radio"/> Pastoral Ministry (Christian Leadership) | |
-
- | | | |
|--|---|-------------------------------------|
| <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 (1,000–1,200 words double-spaced and font size of 12)
2. Devotional life (400 words double-spaced and font size of 12)
3. Calling to full-time ministry and future ministry plans (1,000-1,200 words double-spaced and font size of 12)

POLICY

Have you carefully read the BSOP Catalogue ☐ Yes ☐ No

Have you carefully read the BSOP Statement of Faith ☐ Yes ☐ No

If you do not agree with any of the items, please explain using a 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