

Name of School	Address	Course	Dates Attended

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

☐ Master of Arts in                      ☐ Biblical Studies                      ☐ Pastoral Ministry  
☐ Intercultural Studies (Mission)

☐ Graduate Diploma                      ☐ Certificate in Christian Ministry                      ☐ 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