

# ATESEA THEOLOGICAL UNION

c/o Central Philippine University  
Jaro, Iloilo City 5000 PHILIPPINES  
Tel: (63-33) 321-3714

Strictly Confidential

Attach 1 recent  
(within last 6  
months) Passport  
Size Photo  
Here  
(Give 1 more  
copy)

## APPLICATION FOR ADMISSION

### I PROPOSED STUDY

Doctor of Theology     3 years     3-6 years

English     Chinese

Proposed area of Research:     Bible and Interpretation     Theological Construction in Asia  
 Religion, Culture and Life of the Church     Gender and Marginalized Concerns

### II PERSONAL PARTICULARS

Title (Mr, Miss, Mrs, Dr, Rev, etc) 



 Name in Chinese Character \_\_\_\_\_

Name (as in IC or Passport):  
Family name / Surname

Given Name

Christian Name 



  
(if it does not appear in IC or Passport)

Gender (Female, Male)                       Marital Status (Married, Single, Divorced, Widowed)

Date of Birth (DD-MM-YY) 



 - 



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Place of Birth

Nationality

Race

NRIC No. (if applicable)

Place of Issue

Passport No. (if applicable)

Place of Issue

Date of Expiry (DD-MM-YY) 



 - 



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Permanent Postal Address

Postal Code

Present Address (if different from above)

Postal Code

Tel No. (with Country & City code) 



 (Home)  

 (Mobile)    



 (Office)

Fax No

Email Address

Denomination

Conference / Diocese / Synod (if applicable)





**VII HOUSING**

Housing is applicable only to full-time students. Please indicate your housing requirement:

Single Hostel  Stay out

**Family unit**

<input type="checkbox"/>	1 bedroom	<input type="checkbox"/>	2 bedrooms
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 is only for students who have sponsorship for spouse (and children).

Please refer to any of the Center’s website for charges.

Allocation of apartments will consider the following factors: (1) whether the spouse is also a full-time student; (2) the number of children who will be staying with the applicant; (3) priority will be given to international students.

**Applicants are reminded not to bring their families to the center of study prior to the confirmation of Housing arrangements. The center shall not take responsibility for finding accommodation in such cases.**

**VIII FINANCE**

Have you ever been made a bankrupt? Yes / No

If yes, state reason(s) \_\_\_\_\_

**State sponsor for your study:**

- Self / family has to provide a letter of undertaking and bank statement(s) to indicate sufficient funding for the duration of studies.
- Institution’s Name: \_\_\_\_\_
- Scholarship granting agency: \_\_\_\_\_

**Church and/or Scholarship granting agency have to provide a letter: stating the period of sponsorship; sponsorship amount and/or sponsored items such as fees, housing, book allowance, pocket money, family, etc.**

Date \_\_\_\_\_

Applicant’s Signature \_\_\_\_\_

**Please send this application form TOGETHER with the supporting documents to ATESEA Theological Union c/o Central Philippine University, Jaro, Iloilo City 5000, PHILIPPINES. You may scan your documents and send them through email: equina\_limuel@yahoo.com for reference purposes.**

Note: Our academic year begins in July. Application must reach ATU no later than 30 April of the year the applicant wishes to enroll.

**CONFIDENTIALITY POLICY**

All information provided by the applicant will be confidential and solely for the purposes of application for admission and ATU’s records.

## IX SUPPORTING DOCUMENTS

Please check (✓) if you have enclosed the document(s):

- a. Two copies of the official transcript of records for post graduate studies from the institution where the applicant did his/her graduate work (if not taken from the SEAGST M.Theol. program).
- b. Two recent passport-size photographs.
- c. Three letters of recommendation:
  1. One from the institution where the applicant is currently employed.
  2. One from the institution where the applicant did his/her graduate studies.
  3. One from an ecclesiastical official if the applicant is related to the church.
- e. A copy of the recent and complete physical examination. Please refer to the ATU Medical Examination Form below.
- f. A certificate of English language competency:
  - TOEFL result of 500 (or 173 computer-based points); or
  - IELTS: 5.0

If the applicant wishes to enroll in a primary English speaking institution, the required score for the English Competency Exam is:

- TOEFL: 600 (or 250 computer-based points); or
- IELTS: 7.5-8.0

**Note: For those who have done their previous degree programs in English, the English language competency requirement is no longer necessary.**

- h. Letter of intention of study of not less than 1,500 words.
- i. A study proposal for the intended research of not less than 5000 words.
- j. A non-refundable application fee of USD 30 or its equivalent in local currency made payable to “ATESEA-ATU/Central Philippine University,” or USD 50 or its equivalent in local currency for non-Asian applicants.

**This application will be processed only after the above documents have been received.**

## *STATEMENT OF PURPOSE*

State in not less than 1,500 words, your purpose in seeking entrance to the ATESEA Theological Union and your expectations as to your specific ministry upon completion of the degree. Please indicate why you have chosen the particular field to focus on.

*PROVISIONAL RESEARCH PROPOSAL*

In not less 1,500 words, briefly state your research proposal.

*LETTER OF RECOMMENDATION*

Name of applicant: \_\_\_\_\_

He/she is applying for the Doctor of Theology programme of the ATESEA Theological Union. Please give a careful and confidential appraisal of the applicant's character and personality; emotional stability; general health; vocational clarity and commitment; academic ability, resourcefulness, and diligence for postgraduate study and research. (Please indicate known strengths and weaknesses)

- How would you rate his/her mastery of the English language in relation to the demands of his/her study?
- (This applies to applicants of both the English and Chinese Departments)

<b>Auditory comprehension:</b>	<input type="checkbox"/> inadequate	<input type="checkbox"/> satisfactory	<input type="checkbox"/> very good
<b>Reading comprehension:</b>	<input type="checkbox"/> inadequate	<input type="checkbox"/> satisfactory	<input type="checkbox"/> very good
<b>Oral expression:</b>	<input type="checkbox"/> inadequate	<input type="checkbox"/> satisfactory	<input type="checkbox"/> very good
<b>Written expression:</b>	<input type="checkbox"/> inadequate	<input type="checkbox"/> satisfactory	<input type="checkbox"/> very good

- How long have you known the applicant, and in what capacity?

\_\_\_\_\_

- Do you recommend the applicant for the study

- strongly
- yes
- not sure
- no

Name: \_\_\_\_\_ Position or title: \_\_\_\_\_

Church/Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*When completed, please send this Letter of Recommendation directly to:*

**The Dean  
ATESEA Theological Union  
c/o Central Philippine University  
Jaro, Iloilo City 5000  
PHILIPPINES**

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\_\_\_\_\_

Tel: \_\_\_\_\_ email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**MEDICAL EXAMINATION FORM**

*(To be submitted with Application for Admission)*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

1. Medical History (mental/psychological problem, serious illness, infections, operations):

\_\_\_\_\_  
\_\_\_\_\_

2. General condition:

Ears \_\_\_\_\_ Eyes \_\_\_\_\_

Skin \_\_\_\_\_

Breasts (female students) \_\_\_\_\_

Other remarks \_\_\_\_\_

3. Cardio-vascular system:

Heart \_\_\_\_\_

Pulse \_\_\_\_\_ Veins \_\_\_\_\_

Blood pressure \_\_\_\_\_ Hb \_\_\_\_\_

4. Glands \_\_\_\_\_

5. Respiratory system

Nose \_\_\_\_\_

Lungs \_\_\_\_\_ Chest X-Ray \_\_\_\_\_

6. Alimentary system:

Mouth and pharynx \_\_\_\_\_ Teeth \_\_\_\_\_

Abdomen \_\_\_\_\_ Stool (when indicated) \_\_\_\_\_

7. Urinary system:

Urine test: Prot \_\_\_\_\_ Glucose \_\_\_\_\_

FEME (optional) \_\_\_\_\_

8. Nervous system: \_\_\_\_\_

9. Hbs Antigen \_\_\_\_\_ Antibodies \_\_\_\_\_

VDRL & HIV (when indicated) \_\_\_\_\_

10. General remarks \_\_\_\_\_

Name & address of examining doctor \_\_\_\_\_

**I certify that \_\_\_\_\_ has been examined by me and has no significant physical or mental illness that will adversely affect his/her studies.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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