



APPLICATION FOR ADMISSION TO D. MIN. IN PENTECOSTAL/CHARISTMATIC MINISTRIES

(Please answer all questions and check boxes where appropriate. The completed form together with necessary documents are to be returned to postgrad@acts.edu.sg)

1. Full name (as	s in NRIC/Passport):			
	(Underline Surname/Far	mily Name)		
2. Mailing Addre	ess:			
3. Mobile:		Email:		
4. Date of Birth:		Age:	Male Female	
5. Place of Birth:		Nationality:		
6. Marital Status □Remarried.	s: □Never Married □Married	□Separated □Divorce	ed □Widowed	
(If married, nam	ne of spouse:)	
7. Educational /	Attainment			
	Name	Location	Highest level passed /Year	
College / Univ.				
College / Univ.				
Seminary / Bible College				
Seminary / Bible College				
Others				
concerned.)	l ge transcripts must be sent dia ges do you speak and/or write	,	. , ,	
9. When were y	ou converted to Christ? When	re?		
10. Have you be	een baptized in water by imm	ersion? □Yes □No		
11. Have you re	eceived the Holy Spirit accord	ing to Acts 2:4; 10:46; 19	9:6? □Yes □No.	
(If yes, when and where?				
12. Have you be	een living a consistent Christia	an life since your conver	sion? □Yes □No	

13. With what denomination/organization are you affiliated? Home-church?

14. Do you hold ministerial cre	dentials?					
□License □Ordination □Others (specify)						
15. In what ministry are you currently engaged?						
□Pastor □Missionary □Evangelist □Teacher □Other (specify)						
16. Are you involved in full-time ministry? □Yes □No						
If no, do you plan to become a full-time minister? □Yes □No						
17. List any ministries in which	you have engaged up to the prese	ent?				
Ministry	Place	Year				
ministry.						
19. Do you have the approval or blessing of the followings to pursue postgraduate studies at this time?						
a. Your sponsoring church?	Yes □No. Your denomination □Y	es □No				
b. Your spouse/family □Yes □	⊒No					
20. State your general health:	□Excellent □Good □Fair □ Poo	•				
Have you had any allergies? □Yes □No (If yes, specify)						
Have you ever had a nervous problem? □Yes □No						
Have you ever used any addictive drugs/substance? □Yes □No (If the answer is yes to any of the above, please attach a separate sheet explaining in detail)						
21. Finances						
If you are accepted as a student, how would you support your studies?						

22. Give complete details of fou email of each reference person	ur (4) references (List down the name, ac	ddress, phone, and			
a. Denomination leader / Senior Pastor					
b. President, dean, or faculty of Bible college / seminary					
c. Local pastor					
d. One other					
23. I agree with the doctrinal sta □No (If no, state how different	atement of ACTS (http://acts.edu.sg/wha on a separate sheet)	<u>it-we-believe/</u>) □Yes			
24. If accepted, will you abide be authority? □Yes □No	by the standards of ACTS and cheerfully	submit to those in			
·	ptance for study is contingent upon the recommittee. Initials:				
26. I am enclosing the non-refu in processing my application:	ndable application fee (local applicant: S	\$\$50) to avoid delay			
	cheque payable to "ACTS College Ltd" a ctory Centre, S388410" (and mark "DMir				
"adminmanager@acts.edu.sg" (2) Kindly tap PayNow to ACTS	S College Ltd (UEN: 201422314G) or sca with your name as "Reference No." and e				
•	lease type out why you plan to study in tries programme. (700 to 1000 words).	he D. Min. in			
28. I am attaching a sample research paper submitted for my MDiv or equivalent studies.					
		Attach a recent			
Signature of Applicant / Date	photo				
Check list of required documents/payment to be submitted:					
□College/univ. transcript (Q7)	□Application fee (Q26)				
□Study plan (Q27)	□Sample research paper (Q28)	<u> </u>			