

INTERNATIONAL BIBLICAL SEMINARY

國際聖經神學研究院

18700 D/F Harvard Ave, Irvine, CA 92612

Tel (949) 854-4006, Fax (949) 854-4001

APPLICATION FOR ADMISSION 報名單

Please type or write legibly

Important : 1Please send this form (2 pages) and a personal testimony , along with application fee (US\$30, non-refundable) to IBS. 2.Send also your college or seminary official transcripts and copu of your diploma. 3.Please ask two (2) of your mentors to write and send their recommendation letters to IBS directly. 4.Once accepted, your letter of admission will be sent to you.

Name : _____		ID Type (Passport, DL) : _____	
Name in your own language : _____		ID Number: _____	
Alias used: _____		Effective Date: _____	
		Gender : M____ F____	
		Date of Birth : M____ D____ Y____	
E-mail		Citizenship _____	
Address : _____		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
		Number of Children : _____	
Home Phone		Office Phone	Cell Phone
Intended Degree <input type="checkbox"/> Master of Ministry <input type="checkbox"/> Master of Arts <input type="checkbox"/> master of Divinity 1+1 Plan: <input type="checkbox"/> master of Theology+ Doctor of Ministry <input type="checkbox"/> Certificate Program Only <input type="checkbox"/> Audit Only		Intended Year of Entrance : _____ <input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Spring (April) <input type="checkbox"/> Summer (July)	
Former Education			
Name of School	City of Location	Major	Attendance Period
			Degree Receive
		/ / to / /	
		/ / to / /	
		/ / to / /	

Experience: <u>Employer</u> <u>Position</u> <u>Date of Employment</u> <hr/> <hr/> <hr/>	Publications? :
Emergency Contact : Name _____ Phone : _____ Email: _____ Address : _____	Remarks

On Site Study: Visa Status <input type="checkbox"/> US Citizen <input type="checkbox"/> P.R. <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Business <input type="checkbox"/> Employment <input type="checkbox"/> Other____
Financial Ability for Tuition: <input type="checkbox"/> Full Payment <input type="checkbox"/> Financial Aids <input type="checkbox"/> Church Sponsorship <input type="checkbox"/> Other_____
2 References of Recommendation Name 1 _____ Home Phone () _____ Cell () _____ Address _____ Email: _____ Name 2 _____ Home Phone () _____ Cell () _____ Address _____ Email: _____

Are you born again ? _____ Is your spouse born again ? _____

Will you endorse our Statement of Faith ? _____

Name of your church : _____

In what kind of ministry are you involved ? _____

Are you a pastor ? _____ Ordained? _____ When? _____

In your brief testimonial (separate sheet) please include the following :

- 1、 How you are saved, born again
2. God's calling
3. Why this seminary
4. Your ministry plan
5. Your life goals

You should know before enrollment

- 1、 Each credit hour requires a one-hour classroom time (50 min lecture, 10 minutes break) , and self-study for 2 hours
- 2、 This seminary is dedicated to developing full-time and bi-vocational ministers. Spiritual formation is a mandate .
- 3、 Student conducts must meet the biblical standard. A student with moral defects and sub-standard spiritual development can be reasons for dismissal.
- 4、 I, _____, understand and agree with the spiritual requirements and the statement of faith, and regulations of International Biblical Seminary.

Signed _____ Date _____

- 5、 According to Family Education Rights & Privately Act of 1974, the student has certain privilege to review his record and transcripts in this school. IBS reserves the right to keep confidentiality of recommendation letters. When undersigned you waives the privilege to read your recommendation :

Signed _____ Date _____