

PERSONAL INFORMATION

Name: _____
First Name Middle Name Last Name Preferred Name

Address: _____

City Province/State Postal Code Country

Contact Info: _____
Email Mobile Other Phone

To communicate with you regarding application status, important dates and other information related to your admission we require permission to contact you at the supplied email address. Please check here to give us permission to contact you via email:

Date of Birth: _____ Citizenship: _____

Gender: Male Female

National Student Status: Canadian American International Is English your first language? Yes No

ACTS actively supports Aboriginal student success. An Aboriginal person is identified as "an Indian, Métis or Inuit person of Canada"
*Constitution Act of 1982, Part II, Section 35(2). Please check here if you are an Aboriginal student:

PROGRAM INFORMATION

When would you like to start? Fall Spring Summer Year: _____

Who will be your host seminary? Canadian Baptist Seminary Northwest Baptist Seminary
 Mennonite Brethren Biblical Seminary Trinity Western Seminary

Program of Interest:

- | | |
|--|---|
| <input type="checkbox"/> Diploma in Christian Studies | <input type="checkbox"/> Master of Theology |
| <input type="checkbox"/> Master of Arts in Christian Studies | <input type="checkbox"/> Post-Graduate Chaplaincy Certificate |
| <input type="checkbox"/> Master of Divinity | <input type="checkbox"/> Doctor of Ministry |
| <input type="checkbox"/> Master of Arts in Marriage & Family Therapy | <input type="checkbox"/> Korean Worldview Studies |
| <input type="checkbox"/> Master of Applied Linguistics and Exegesis | <input type="checkbox"/> Korean Global Leadership Studies |
| <input type="checkbox"/> Master of Theological Studies | |

Area of Specialization (optional)

- | | |
|--|---|
| <input type="checkbox"/> Apologetics | <input type="checkbox"/> New Testament Studies |
| <input type="checkbox"/> Biblical Studies | <input type="checkbox"/> Old Testament Studies |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Pastoral Care / Chaplaincy |
| <input type="checkbox"/> Church History | <input type="checkbox"/> Septuagint Studies (Greek Old Testament) |
| <input type="checkbox"/> Intercultural Studies | <input type="checkbox"/> Theological Studies |
| <input type="checkbox"/> Leadership | |

POST-SECONDARY HISTORY

Please record all post-secondary schools below and have all transcripts sent **directly** to ACTS.

College/University Name	Degree	Did you graduate? <input type="checkbox"/>
College/University Name	Degree	Did you graduate? <input type="checkbox"/>
College/University Name	Degree	Did you graduate? <input type="checkbox"/>

RECOMMENDATIONS

Pastoral:

First Name	Last Name	Email
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Check this box if you prefer ACTS to not email your referee. You may download the paper reference form www.actsseminaries.com/current-students/forms and provide it to your referee:

Academic/Character:

First Name	Last Name	Email
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Check this box if you prefer ACTS to not email your referee. You may download the paper reference form www.actsseminaries.com/current-students/forms and provide it to your referee:

Your application will be considered complete once your transcripts and any other required documents are submitted in full to ACTS Admissions.

Community Covenant:

In August 2009, Trinity Western University adopted a new Community Covenant Agreement that applies to all students, faculty, staff and affiliates, replacing TWU's longstanding Responsibilities of Membership Agreement. Students are annually required to read, understand and pledge to the terms of the Community Covenant Agreement prior to registering for classes. If you have questions related to the Community Covenant Agreement or this requirement you may direct them to acts@twu.ca. View the entire Community Covenant Agreement here: www.twu.ca/studenthandbook/university-policies/community-covenant-agreement.html
All students are required to read and understand the Community Covenant Agreement and agree to the terms of the document before being permitted to register for classes. We would encourage you to read this document now and sign that you agree but you may decide to do this at a later date.

Yes Not yet

Declaration:

I certify that the information provided in this application is complete and correct.

Signature

Date