

A D M I S S I O N F O R M I N S T R U C T I O N S

ALL APPLICANTS (Full-time, Part-time, International):

1. Admission form: Please TYPE or PRINT in INK when filling out the form. **Completed** form should be handed in or mailed to the Registrar's Office.
2. The following admission fee must accompany this application. Note: admission fee is non-refundable.
 - For local application, a fee of RM30.00 in cash or cheque (made payable to "Grace Assembly of God.")
 - For international application, a fee of US\$25.00 in bank draft (made payable to "Grace Assembly of God")
3. Please include these supporting documents/items:
 - a. Recent passport-sized photographs to affix on the admission form.
 - b. References: two Character Reference forms to be completed by-
 - i a pastor/ denominational leader/ elder (preferably from your church or denomination, also not a relative) and
 - ii a friend who has known you for more than three (3) years and is not a relative.
 - c. Applicant's brief statement of reasons for applying to this college.
 - d. Applicant's brief statement of what you believe God has called you to do when you complete your studies.
 - e. Applicant's short testimony of conversion to the Christian faith.
 - f. Copy of certificates and/or transcripts of educational achievements.
 - g. Copy of identification card (for local students).

ADDITIONAL ITEMS FOR FULL-TIME STUDY APPLICANTS:

4. Medical report: to have a qualified doctor complete the medical examination form (see attached).

ADDITIONAL ITEMS FOR INTERNATIONAL APPLICANTS:

5. Visa Processing Fee of US\$50 in bank draft (made payable to "Grace Assembly of God")
6. Photocopy of whole passport booklet.
7. Copy of birth certificate.
8. English exam results, equivalent to TOEFL or IELTS standard.
9. Photocopy of marriage certificate, if married.
10. Medical report: to have a qualified doctor complete the medical examination form (see attached).
11. Letters of financial undertaking/sponsorship for the duration of studies or proof of financial viability for studies.

The above check-list will help you include all that is necessary for your application.

Please complete all the steps above before sending in admission forms. Otherwise your acceptance may be delayed.

**This application will not be valid unless supported by certified copies of original documents.
All non English documents must be translated and notarized.**

APPLICATION FOR ADMISSION Full-Time Part Time

Please TYPE or PRINT in INK legibly. All dates in Day/Month/Year.

A RM30.00 local application fee or US\$25.00 international application fee must accompany this application.

I. Program applying for (tick one only) Academic term (circle one): Jan/ May/ Aug Year: _____

Certificate in Ministry	- 36 credit hours	- 1/2 years
Certificate in Bible and Ministry	- 48 credit hours	- 1/2 years
Diploma in Theology	- 96 credit hours	- 2/3 years
Bachelor of Ministry (Minor in _____)	- 129 credit hours	- 3/4 years
Bachelor of Theology	- 129 credit hours	- 3/4 years
Master of Arts in Ministry	- 39/66 credit hours	- 1-2 years
Master of Arts in Pastoral Counselling	- 48 credit hours	- 2-3 years
Master of Arts in Intercultural Studies	- 39/66 credit hours	- 1-2 years
Master of Divinity	- 75/108 credit hours	- 2-3 years

II. PERSONAL INFORMATION

Rev Dr Pastor Mr. Mrs. Mdm Miss

Full Name:

(Surname)

(Other name)

(Christian name)

Address:

(House/Apartment #/Block)

(Street)

(City)

E-mail address:

(Country)

(Postal Code)

(E-mail address)

Telephone:

(Home)

(Office x Ext)

(FAX)

(Handphone)

NRIC/ID No:

Passport No:

Expiry Date:

Nationality/Race:

Place of Birth:

Date of Birth:

Date of Salvation:

Date of Holy Spirit Baptism (according to Acts 2:4):

Date of Water Baptism (immersion):

by Church (name):

Languages:

(spoken)

(written)

HOUSING: Do you need housing (full time & international students only)? Yes/ No. If yes, Single/ Couple.

III. FAMILY INFORMATION

Marital Status: Single Married: Date _____ Widowed Divorced Remarried

Spouse:

(Surname)

(Other name)

(Christian name)

(Occupation)

Number of Children:

Ages of children:

Person to contact in case of emergency:

Relationship:

(This person must have telephone or FAX) Telephone:

(Home)

(Office)

(Fax)

IV. EDUCATION & EMPLOYMENT INFORMATION

List all secondary, post-secondary education and special training (if any). *Copies of transcripts must accompany this application form. It is your responsibility to request transcripts from the schools/colleges listed.*

School/ Institution	Medium of Instruction	Dates Attended	Highest Standard Passed

Please indicate your present and past employment (starting from the most recent)

Name of Employer	Type of Work	Period: (From (year) – To (year))

V. CHURCH AFFILIATION AND CHRISTIAN EXPERIENCE

Home Church Name: _____ Registered Church Member: Yes/No

Address: _____
(Unit/Lot #) (Street) (City) (Postal Code)
 E-mail address: _____
(Country) (E-mail address)

Your Pastor’s Name: _____ Denomination: _____

Are you making a career decision or change into full time Christian ministry? Yes /No

Give details of your involvement in your local church and other Christian groups since becoming a Christian.

How much time do you spend in Bible reading and prayer?

What Christian books have you read in the last three years that you have found particularly helpful?

VI. FINANCIAL INFORMATION

Do you have any outstanding loan? Yes/ No. If yes, how much? _____

Will you be able to meet the financial requirements in order to complete your studies? Yes/ No.

List financial sources to support yourself/ your dependents while in school? (use separate sheet, if needed)

Source	Type of Support	Duration

International Students: If you have a medical insurance policy, please indicate the policy and whether it has international coverage. _____

I certify that the information submitted in this application is true. If admitted, I agree to abide by the standards and rules of Alpha Omega International College and to cheerfully submit to those in authority. In addition, I understand that the highest standards of Christian character and behavior are expected of me.

Applicant’s Signature: _____ Date: _____

ALPHA
INTERNATIONAL COLLEGE

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Tel : +603 7880 7994, Fax : +603 7804 1996 Email: enquiries.aioic@gmail.com

M E D I C A L E X A M I N A T I O N F O R M

Name: _____ Date of Birth: _____

Address: _____
(House/Apartment #/Block) (Street) (City)

_____ (Country) (Postal Code)

Weight: _____ Height: _____ Age: _____

1. Medical History (serious illness, infections such as tuberculosis, diabetes, hypertension, rheumatic fever, nephritis, hepatitis, allergies, and operations):

2. Present State of Health

A. General condition.

Ears: _____ Eyes (including color vision): _____

Skin: _____ Breasts (female student): _____

B. Cardio-vascular system.

Heart: _____ Pulse: _____

Veins: _____ Blood pressure: _____ HB: _____

C. Glands:

D. Respiratory system.

Nose: _____ Lungs: _____ Chest X-Ray: _____

E. Alimentary system.

Mouth and pharynx: _____ Teeth: _____

Abdomen: _____ Stool (when indicated): _____

F. Urinary system.

Urine test: Prot: _____ Glucose: _____ FEME (optional) _____

G. Nervous system:

H. Hbs Antigen: _____ Antibodies: _____

VDRL & HIV (when indicated): _____

I. General remarks:

Name & address of examining doctor:

I certify that the above named has been examined by me and has no significant physical or mental illness that will adversely affect his/her studies.

Signature: _____ Date: _____