

## INFORMATION FOR ADMISSION

We thank you for your interest in applying for the AIGS degree program.

### Application Deadlines:

Semester	Spring Semester	Fall Semester
Application Period	Aug 15 <sup>th</sup> ~ Sep 15 <sup>th</sup>	Mar 15 <sup>th</sup> ~ Apr 15 <sup>th</sup>
Notification of Admission Decisions	Late November	Late June

**Note:** Unless we receive all the above documents on or before the due dates, your application will not be processed

### AIGS Recruiting and Selection Policy

1. Admission Priority: Prospective theological students from the Christian minority regions.
2. Minimum Degree Requirement: Holders of an accredited Bachelor's Degree (B.A., B.S., etc.).
3. Scholarship Eligibility: GPA 3.0 on a scale of 4.3, financial difficulties, etc. See the details in the scholarship application form.
4. English Proficiency Requirement:  
English proficiency (up to TOEFL 530 or CBT 197 or IBT 71 or IELTS 5.5 or CEFR B2 or TEPS 600(New TEPS 327) or National English Proficiency Test for Corresponding Scores) . However, a student who holds a nationality in a country that uses English as its first language or legal official language may change his or her qualification for the English Proficiency Test with the certificate that he has completed his undergraduate course in English.
5. Dormitory: Currently not available for the family. The student must come unaccompanied to ensure a room on campus.
6. Round Trip Ticket and Living Expenses: Must secure his/her own air round transportation.
7. Immediate Return: Must return to home country within a month after the graduation date.
8. The Applicant's Minimum Tuition Responsibility: Must be responsible for at least US \$ 1,300.00 per semester.

### Academic Information: Pre-Requisites

Ph.D. (36 Credits)		Th. M+Ph.D. (48 Credits)	
a.	Required degrees: B.A., M.Div., and Th.M.	a.	Required degrees: B.A., M.Div.
b.	Biblical languages: Hebrew and Greek (6 Credits each)	b.	Biblical languages: Hebrew and Greek. (6 Credits each)
Th. M. (30 Credits)		M.Div. (90 Credits)	
a.	Required degrees: B.A., M.Div.	a.	Required degree: B.A./B.S.
b.	Biblical languages: Hebrew and Greek. (6 Credits each)		

**Contact to:** AIGS Registrar, ACTS University.

1276, Gyeonggang-ro, Okcheon-myeon, Yangpyeoung-Gun, Gyeonggi-do, Korea (12508),

Tel: (82-31) 770-7812~3, Fax: (82-31) 772-7776, Email: aigs@acts.ac.kr,

**If you meet the above requirements, please send us the following documents (check list):**

1. Application Form
2. Three recent [within 3 months] passport photos
3. Christian Commitment Form
4. Academic Preparation(s)  
Applicant's personal essays must be limited to approximately 1000-1500 words (5 to 10 pages) for each essay and emailed to AIGS: [aigs@acts.ac.kr](mailto:aigs@acts.ac.kr)  
Essay 1: Give a brief history of your academic and theological preparation.  
Essay 2: State your proposed topic of research and/or objective you are seeking to attain through the program. It is applicable only to Th.M., Th.M.+Ph.D. & Ph.D. candidates only.
5. Financial Affidavit (Student's Financial Responsibility or Sponsor's Financial Responsibility)
6. ACTS Great commission Scholarship Application
7. Three Recommendations: the recommender should send the completed AIGS Recommendation Form directly to the AIGS International Registrar's Office with the signature and seal on envelop. If personal letters of reference are submitted, they must submit them jointly with the required AIGS Recommendation form.
8. Medical Certificate
9. Valid Passport Copy
10. A Proof of English Proficiency (up to TOEFL 530 or CBT 197 or IBT 71 or IELTS 5.5 or CEFR B2 or TEPS 600(New TEPS 327) or National English Proficiency Test for Corresponding Scores) . However, a student who holds a nationality in a country that uses English as its first language or legal official language may change his or her qualification for the English Proficiency Test with the certificate that he has completed his undergraduate course in English.
11. Certified Copy of Diplomas (an official sealed letter of accreditation must be post-mailed by the applicant's school of graduation directly to the AIGS Admissions Office).
12. Notarized Transcripts (if other than English)
13. Non-refundable Application Fee (US \$ 50.00). The application will not be processed unless the fee is received. The applicant may send the fee by bank wire to: Kookmin Bank, Seoul, Korea. Account No. : **220437-04-000974** SWIFT CODE, B.I.C: **CZNBKRSEXXX**.

**The complete above application package must be post-mailed directly to the AIGS Admissions Office.  
We will not accept any kind of second-hand delivery.**

## Application Form

*Thank you for taking the time to apply to AIGS/ACTS! Before filling the application form, do read all instructions on check-list and also see on home page for more information. Incomplete application will be rejected. Please type all the information.*

PHOTO  
(Passport Size)

### Enrollment Information

Degree (Mark it) :  M.Div.  Th.M.  Th.M.+Ph.D.  Ph.D.  
Intended Track (Mark it) :  OT  NT  ST  HT  PT  MI  
(In case of the M.Div., do not mark it)  
Entrance Year :  
Entrance Term :  Spring  Fall

### Personal Information

First Name :  
Middle Name :  
Last/Family Name :  
Gender :  
Date of Birth (DD/MM/YYYY):  
Nationality :

### Passport Information

Name in the Passport :  
Passport Number :  
Date of Expiry :

### Contact Information

Phone Number (Home) :  
Phone Number (Office) :  
Mobile Number :  
E-mail :

**Address Information**

Address Line 1 :  
 Address Line 2 :  
 City :  
 State/Province :  
 Postal Code :  
 Country :

**Citizenship Information**

Primary Citizenship :  
 Permanent Residence (If Different than Citizenship) :  
 Country of Birth :

**Family Information**

Name of Father :  
 Name of Mother :  
 Marital Status : Single / Married / Divorced / Widow(er)  
 Name of Spouse :  
 Number of Children :

**Linguistic Information**

Language Proficiency :  
 Native language(s) :

	<b>Speech</b>		<b>Reading and Writing</b>
`English Proficiency* :	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Other language (s) :	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
English Test Type :	<input type="checkbox"/> TOEFL <input type="checkbox"/> PBT <input type="checkbox"/> CBT		<input type="checkbox"/> IBT <input type="checkbox"/> IELTS
Score :			
Date tested :			

\*Reliability of the information provided here about your English proficiency will be tested upon your admission to AIGS. In case your information is proven to be false, your admission will be reversed and you'll be subject to dismissal even after the arrival.

**Education Information**

College, university, seminary and professional school attended (list in order of most recent dates)

**Name of School & Location      Major Field    Degree/Year    Duration of Degree    Grade**

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**Church Information**

Denomination :

Name of Church :

Name of Pastor :

Address :

Phone Number :

Webpage/Email :

Ordination? :      Yes / No

    If “Yes,” by what :

    ecclesiastical body :

    and when :

Previous Church membership (Denomination and dates)

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**Professional Experience**

ACTS International Graduate School

List your professional experience in church or church-related positions:

<b>Name of Church</b>	<b>Position held</b>	<b>Duration</b>	<b>Location</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your professional experience in non-ecclesiastical positions:

<b>Name of Institution/Company</b>	<b>Position held</b>	<b>Duration</b>	<b>Location</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Health Condition Declaration**

In the past five years, have you had any serious illness, either physical or psychological, which required professional treatment? Yes / No. If “yes,” explain:

_____
_____

**How did you learn about AIGS/ACTS?**

_____
_____

**What other seminaries are you considering?**

_____
_____

**I hereby make application to AIGS and affirm that to the best of my knowledge all the information above is complete and accurate. And if a document is false, I promise that I will not raise any objections even if the admission is canceled and even after the arrival.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Spousal Statement**

Applicant's Name:

\_\_\_\_\_

Last/Family

\_\_\_\_\_

First

\_\_\_\_\_

Middle

*If applicable: A brief statement written by your spouse stating his or her thoughts and feelings regarding your desire to attend ACTS International Graduate School (AIGS). This statement must be posted along with application form or emailed to the AIGS Registrar's Office at [aigs@acts.ac.kr](mailto:aigs@acts.ac.kr).*

The logo for ACTS University, featuring the word "ACTS" in a bold, white, sans-serif font centered within a light blue oval background.

**ACTS**

**Financial Affidavit**  
**Student's Financial Responsibility**

This form must be filled by the applicant (**if unsponsored**).

*(If he/she has a sponsor, then the sponsor must fill the Sponsor's Financial Affidavit.)*

I, \_\_\_\_\_ applied to AIGS for the M.Div. / Th.M. / Th.M.+Ph.D. / Ph.D. program, majoring OT / NT / ST / NT / PT / MI for Spring/Fall semester of the year \_\_\_\_\_.

I, \_\_\_\_\_ hereby certify that I have sufficient funds for the round-trip ticket to Korea and living expenses, study-related expenses, and medical insurance for the whole period of my studies in AIGS.

I do declare that I'm responsible for the church-matching fund (\$ 1200 per semester) towards minimum tuition payment and registration fee (\$ 300 per semester). It is my sole responsibility to obtain church-matching fund and registration fee for each semester.

**Applicant's Pledge**

I, the undersigned, pledge to comply with the above financial responsibility. I also understand that in case of violation I will be subject to legal actions that might include cancellation of my degree program at any level of my studies.

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Name of Applicant

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Signature & Date



**Financial Affidavit**  
**Sponsor's Financial Responsibility**

Dear Sponsor,

Thank you for your financial support of the following applicant. Please complete this form and send it directly to AIGS office during the admission period. It is the school policy that the fees must be paid at the beginning of each semester.

The following applicant \_\_\_\_\_ applied to AIGS for the M.Div. / Th.M. / Th.M.+Ph.D. / Ph.D. program, majoring OT / NT / ST / NT / PT / MI for Spring/Fall semester of the year \_\_\_\_\_.

I/we, \_\_\_\_\_ hereby certify that the above said candidate will be financially supported by me/us. I/we have sufficient funds for the round-trip ticket to/from Korea and living expenses, study related expenses, and medical insurance for the whole period of his/her studies at AIGS.

I/we do declare that I/we are responsible for the student's church-matching fund (\$ 1200 per semester) towards minimum tuition payment and/or registration fee (\$ 300 per semester). It is my/our sole responsibility to provide the student's church-matching fund and/or registration fee for each semester.

- I/we support:
- (1) Church-matching fund and registration fee (\$ 1,500 per semester)
  - (2) Only Church-matching fund (\$ 1,200 per semester)
  - (3) Only registration fee (\$ 300 per semester)

**Sponsor's Pledge**

I/we, the undersigned, pledge to comply with the above financial responsibility. I/we also understand that in case of failure to keep my/our pledge might affect to the cancellation of the student's degree program at any level of his/her studies.

Name of Sponsor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Church/Organization: \_\_\_\_\_

Position: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature / Seal: \_\_\_\_\_

## ACTS Great Commission Scholarship Application

The prospective student must apply for scholarship by filling out this form completely in order to be evaluated by the Graduate School Committee. The applicant will be notified of the specifics of the financial aid at the time of reception of the admission letter. It is the sole responsibility of the applicant to comply with the terms attached to each of the following types of scholarship (church funding, GPA, *arbeit*) in case the ACTS Great Commission Scholarship is granted.

**Name of Applicant (Name in the Passport):** \_\_\_\_\_

**Intended Program:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Specifics	M.Div.	Th.M.	Th.M.+Ph.D. / Ph.D.
<b>1. Annual Study Expenses:</b>			
(1) Tuition	US \$ 7,600	US \$ 9,000	US \$ 11,000
(2) Room & Board	US \$ 4,000	US \$ 4,000	US \$ 4,000
(3) Others	US \$ 3,000	US \$ 3,000	US \$ 3,000
<b>Total</b>	<b>US \$ 14,600</b>	<b>US \$ 16,000</b>	<b>US \$ 18,000</b>

<b>2. Scholarships</b>			
(1) ACTS Grant	US \$ 5,600	US \$ 7,000	US \$ 9,000
(2) ACTS Matching Fund	US \$ 2,000	US \$ 2,000	US \$ 2,000

<b>3. Applicant's sole responsibility for Scholarship &amp; Funds</b>			
(1) Academic Scholarship (GPA 3.0 or above)	US \$ 2,000	US \$ 2,000	US \$ 2,000
(2) 32 Hours Work & Study Scholarship	US \$ 2,000	US \$ 2,000	US \$ 2,000
(3) Church Matching Fund	US \$ 2,400	US \$ 2,400	US \$ 2,400
(4) Registration Fee*	US \$ 600*	US \$ 600*	US \$ 600*
* Student must pay \$ 300 Registration fee every semester			
<b>Total</b>	<b>US \$ 14,600</b>	<b>US \$ 16,000</b>	<b>US \$ 18,000</b>

- (1) **Do you have the Church Matching Fund?** Yes / No US \$ \_\_\_\_\_
- (2) **Do you apply for the Work & Study Scholarship?** Yes / No US \$ \_\_\_\_\_
- (3) **I request for the Academic Scholarship:** Yes / No US \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

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

## Christian Commitment Form

Applicant's Name: \_\_\_\_\_  
Last/Family First Middle

**Instructions:** Use this form to type your Statement of Christian Commitment and your autobiography. On the front, provide a brief statement of your Christian Commitment (testimony) and explain your view of God and how your faith is evident in your life. On the back, provide your autobiography, including examples from the following: childhood, education, volunteer experiences, interest/hobbies, and church involvement. Your autobiography should include, among other matters, an indication of love for and commitment to Christ and His church, a statement of personal religious faith, a statement showing your understanding of and a sense of calling to the Christian ministry, a summary of ministry experience, and an assessment of personal qualifications and gifts for ministry. If you wish, you may type and attach both your Statement and autobiography to this form.



**Academic Preparation (Essay 1)**

***Instruction:** Give a brief history of your academic and theological preparation. Applicant's essay must be limited to approximately 1000-1500 words (5 to 10 pages) for the essay.*

Applicant's Name: \_\_\_\_\_  
Last/Family                                      First                                      Middle



### **Academic Preparation (Essay 2)**

***Instruction:*** State your proposed topic of research and/or objective you are seeking to attain through the program. ***It is applicable only to Th.M., Th.M.+Ph.D. & Ph.D. applicant only.*** Give a brief history of your academic and theological preparation. Applicant's must be limited to approximately 1000-1500 words (5 to 10 pages) for the essay.

Applicant's Name: \_\_\_\_\_  
Last/Family                                  First                                  Middle



## Referential Information for Recommendation

*Your references should send the completed AIGS Recommendation Form directly to the AIGS International Registrar's Office with the signature and seal on envelop. If personal letters of reference are submitted, they must submit them jointly with the required AIGS Recommendation form.*

### **Pastoral Reference**

Name of Pastor :

Name of Church :

Name of Denomination :

### **Academic Reference**

Name of Teacher/Professor :

Position/Title :

Name of College/University :

### **Christian Leader/Missionary Reference**

Name of Leader/Missionary :

Position/Title :

Name of Organization :

## Recommendation

**This portion is to be completed by the applicant**

Applicant's Name: \_\_\_\_\_

Last/Family

First

Middle

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated Program of Study: \_\_\_\_\_

This recommendation is from a (check one):  Pastor  Teacher/Professor (Academic)

Synod or denominational official

Missionary

**Note:**

1. The recommendation should be made by someone who is not a member of your immediate family.
2. Make Three copies of this form and give each to the each recommender
3. All the recommendation letters should be sent directly to the Admissions Office by the recommender.  
ACTS will keep them confidential.

**This portion is to be completed by the recommender**

1. In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

	Not Observed	Weak	Fair	Average	Good	Outstanding
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze problems & formulate solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for proposed program study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for career advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for chosen ministry or profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How long have you known the applicant? \_\_\_\_\_

How well?  Very well  Rather well  Casually  Not well

In what capacity? \_\_\_\_\_

ACTS International Graduate School

3. If you are a professor, in how many of your courses have the applicant been enrolled?

Undergraduate (     )                       Graduate (     )

4. Please provide us with a statement concerning the applicant's spiritual maturity, abilities, personality, character, and professional promise. Also include in your statement an assessment of his or her strengths and weakness.

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5. Do you see this person as someone whom you would hire, have as your pastor or church staff member, or like to work with as a colleague?  Yes    No    Unsure

Please Comment: \_\_\_\_\_

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6. We would appreciate your additional comments. Use a separate page if necessary.

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7. I recommend this applicant for the admission to AIGS:

Highly recommend     Recommend     Recommend with reservation     Do not recommend

Name: \_\_\_\_\_ Signature & Seal: \_\_\_\_\_ Date: \_\_\_\_\_

Church /Organization/School: \_\_\_\_\_ Position/Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Send to:**

**ACTS University (AIGS),**

**1276, Gyeonggang-ro, Okcheon-myeon, Yangpyeoung-Gun, Gyeonggi-do, Korea (12508)**

**Tel: (82-31) 770-7812~3, Fax: (82-31) 772-7776, Email: aigs@acts.ac.kr, Webpage: <http://www.acts.ac.kr/aigs>**



## Medical Certificate

Patient's Name (Last/First/Middle)			Date of Birth	
Passport No.			Program Applied	M.Div. / Th.M. / Th.M +Ph.D. / Ph.D.
Home Address				
Telephone		E-mail		
<p><b>This part of the form is to be filled out by a certified physician only. All the information should be based on the medical consultation taken within the last six (6) months, and this report must be mailed separately in a sealed physician's business envelope.</b></p>				
Visiting Date (s)				
Diagnosis & Treatment				
Height		FBS (Functioning Blood Sugar)		
Weight		LFT (Liver Function Test)		
Eyesight		CBC (Complete Blood Count)		
Blood Pressure		Respiratory Problem		
Blood Type		Digestive Problem		
Eye Infection		Circulatory Problem		
TB (Tuberculosis)		Mental Illness		
Diabetes		Hypertension		
Cancer		Other		
<p>General medical observation: If there is any health condition of which we should be aware, please use this space or a separate page to describe it.</p>				
Name of Physician	Signature & Seal:			
Office's Address				
Phone Number		Date:	E-mail:	

Send to:

ACTS University (AIGS)

1276, Gyeonggang-ro, Okcheon-myeon, Yangpyeoung-Gun, Gyeonggi-do, Korea (12508)

Tel: (82-31) 770-7812~3, Fax: (82-31) 772-7776, Email: aigs@acts.ac.kr,