



INSTITUT INJIL INDONESIA
(Indonesian Bible Institute)
Jl. Indragiri 5 Batu, 65312; P.O. Box 4, Batu 65301
Jawa Timur - Indonesia; Phone: (0341) 591283
Fax: 0341-597974; E-mail: idoctoral@yahoo.com

Attach
Photo of
Applicant
Here

APPLICATION FOR ADMISSIONS
Doctor of Theology

Personal Background

Full-name : _____

(First Name/Middle Name/Family Name)

Gender : Male Female

Date of Birth : _____

National Identification Number: _____

Country of Citizenship: _____

Permanent Address : _____

Village : _____

Sub-district : _____

Type of Residence : _____ (dormitory, personal House, Rent
house, boarding house, etc)

Phone Number : _____

Email Address: _____

Marital Status : Single Married Separated Widowed

Name of Spouse: _____

Parent Data Form

FATHER

Name : _____

Place & Date of Birth : _____

Educational Background: _____

Occupation : _____

Income : _____

MOTHER

Name : _____

Place & Date of Birth : _____

Educational Background : _____

Occupation : _____

Income : _____

Program of Study : _____

Educational Background

Name of Institution	Location (city, country)	Years Attended (from – to)	Degree Received

Ministerial History

Name of Church/Institution	Title/Position/ Description of Ministry	Year Occupied (from – to)

Purpose of Study:

Goals of Study:

1.

2.

3.

Significance of study for your future ministry:

Latest TOEFL (date and score)

: _____

Sources of Financial Support

: _____

Pastoral Reference

Name : _____

Address: _____

Phone Number: _____

Email Address: _____

Academic/Professional Reference

Name : _____

Address: _____

Phone Number: _____

Email Address: _____

Applicant's Signature

:..... Date.....

(I declare that all the above is true)

Catatan :

- 1. Mohon dilampirkan ijazah Negara dan transkrip nilai S1 dan S2, masing-masing 1 lembar.*
- 2. Pas foto berwarna ukuran 3x4 sebanyak 3 lembar (dengan latar belakang warna merah)*



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REFERENCE – I

Name of Applicant : _____

Applicant's Signature: _____

Date: _____

1. How long have you known the applicant? _____
2. How well have you known the applicant in this period?
 Very Well Well Casually
3. What is your relation to the applicant? _____
4. What particular association have you had with the applicant? _____
5. In your judgement, what is the applicant's Christian character?
 Outstanding Good Fail Poor
6. In your judgement, is the applicant a diligent student? _____
7. Do you know of any reason why the applicant would be hindered in pursuit of theological degree? _____

Using a scale between 1 and 5, please give us your estimate of the applicant's prospects as a servant of the Lord.

	Excellent		Average		Poor
	1	2	3	4	5
Personal habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Christ	<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"/>
Ability to accept responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstration of a teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment on the applicant's spiritual qualification, academic ability, and maturity to study for the ministry. _____

Signature

_____ (print) _____ Date _____

Name of Institute

_____ Position _____

Address

Telephone

_____ Email _____



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REFERENCE – II

Name of Applicant : _____

Applicant's Signature _____

Date _____

1. How long have you known the applicant? _____
2. How well have you known the applicant in this period?
 Very Well Well Casually
3. What is your relation to the applicant? _____
4. What particular association have you had with the applicant? _____
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Moral Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Christ	<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"/>
Ability to accept responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstration of a teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment on the applicant's spiritual qualification, academic ability, and maturity to study for the ministry

Signature

_____ (print) _____ Date _____

Name of Institute

_____ Position _____

Address _____

Telephone _____ Email _____