Far Eastern Bible College

9A Gilstead Road, Singapore 309063 Tel: (65) 6256-9256 Fax: (65) 6254-9188

Email: febc@febc.edu.sg Website: https://www.febc.edu.sg

APPLICATION FOR ADMISSION

Please attach recent photograph (3.5cm x 4.5cm)

(please underline surname) Intended Time of Enrolment: January / July* 2022 / 2023 / 2024 / 2025 / 2026 / 2027* Programme Applying for Admission Into: CertRK / CertBS / DioTh / BMin / BRE / BTh / MMin / MRE / MDiv / ThM / DRE / ThD* *circle accordingly FOR OFFICIAL USE ONLY: Photo ☐ TOEFL / IELTS П **Educational Documents** Financial Statement Testimony of Salvation & Call Recommendation Letters ☐ Testimony of Ministry ☐ Application Fee \$50 Decision: Accept / Reject / Pending Probationary Status: Yes / No

CONFIDENTIALITY

Signature:

Applicant's Full Name:

The College is committed to maintaining the confidentiality of the Student's personal information and undertakes not to divulge any of the Student's personal information to any third party without the prior written consent of the Student.

Course: CertRK/CertBS/DipTh/BMin/BRE/BTh/MMin/MRE/MDiv/ThM/DRE/ThD

Date:

APPLICATION INSTRUCTIONS

- 1. All applications must be made on this form (photocopies are allowed).
- Applicants must show evidence of salvation, and God's call to full-time Christian service. Handwritten testimonies of salvation and call must accompany application. In-ministry applicants are to write an additional testimony of ministry.
- Letters of recommendation from at least two referees must be submitted.
 Members of an applicant's family, and students of the Bible College are not acceptable as referees.
- 4. Original transcripts or certified copies (in English) of previous academic work from secondary school level upwards must be submitted.
- 5. Foreign applicants must submit a bank statement or letter of sponsorship furnishing proof of available resources for studies in Singapore.
- 6. A doctor's letter certifying medical fitness must be submitted with the application.
- 7. All documents used in support of an application should reach the College at least one month (for local applicants) / three months (for foreign applicants) before the beginning of the new semester.
- 8. BMin, BRE, BTh, MMin, MRE, MDiv, ThM, DRE, ThD applicants whose native tongue is not English must submit their original TOEFL / IELTS result slip.
- 9. A non-refundable fee of \$50.00 should accompany the application

ADMISSION INFORMATION

Your name in full:		
	(ι	underline surname)
Mailing Address:		
Phone:	Fax:	Email:
Date of Birth:	Place of Birth:	Nationality:
NRIC / Passport numl	ber*:	_ Sex: Male / Female* Race:
Marital Status: Single	/ Married /	* Name of spouse:
Date of marriage:	Number of	children: Child(ren)'s age:
lf engaged, give full na	ame of fiancé / fiancé	e*:
Date of engagement:	A	anticipated date of marriage:
Father's name:		Occupation:
Mother's name:		Occupation:
Address of parents:		
Parents' phone:	Are	you coming with your family? Yes / No*.

Does your family depend on you for financial s	upport? Yes / No*	, Full / Partial*.
Do you have the funds to support your studies funds: Personal / Church / Relatives / Friends	s? Yes / No*. If ye /* (att	es, indicate source of tach financial documents)
List all schools attended from secondary/hig certificates/diplomas/degrees, and original academic trans		ch certified copies of al
Name of School	Dates Attended	Credential Earned
TOEFL / IELTS score: Test Da	te:(submit original result slip)
Have you been refused admission by a Bible col	lege/seminary? Ye	s / No*. If yes, why?
Are you presently also applying to another Bibl	e college/seminary	y? Yes / No*. If yes,
which?		
Has any member of your family ever applied Bible College? Yes / No*. If yes, give name/re	for admission or a	attended Far Easterr
Have you trusted Jesus Christ as your Saviour? (attach a handwritten testimony of your salvation)	Yes / No*. When	?
Do you know for sure that you have eternal life	? Yes / No*. How	do you know this?
Have you received God's call to full-time Chri a handwritten testimony of your call. If no Christian service:		
Do you obsserve a daily Quiet Time of prayer a	and Bible study? Ye	s / No*.
Have you led a soul to Christ? Yes / No*. If yes	s, how recently?	
List the churches in which you have been a mer	nber and relative d	ates:
Name of Church	Membership Date	Position Held
What do you understand by living a life separat	ed from the world	

Name of Instit	ution/Company	Dates of Employment	Position Held
1 10000	шин, сошран,		
List the kinds of Chri	stian work you have o	done:	
	or issues you feel ar	e confronting the Christia	an church today, a
 Date/Result of your	ast medical check-up	o? (submit	doctor's health report
		luring the last 5 years?	
Have you had any ma	ajor operations?		
Are you presently sur	fering from any phys	sical, mental, or emotiona	l difficulties?
How many hours of s	leep do you need pe	r night? hours.	
You should request le	etters of recommend	ation from two of the follo	owing:
Pastor:	Address:		
Friend:	Address:		
Employer:	Address:		
Has anyone assisted supporting documen		ing out this application, a	and assembling th
to be su	bject to the rules go	romise, if accepted as a st verning the social, educa the Far Eastern Bible Co	tional,
Signature			Date