

Main Campus

Lot 3011, Taman South East, 70100 Seremban, Negeri Sembilan, Malaysia
Tel: 606 632 2815 Fax: 606 632 9766

STM-KL Centre (for English TEE Part-Time Programmes)

Level 3, Wisma Methodist, Lorong Hang Jebat, 50150 Kuala Lumpur
Tel: 012 777 3287
Email: engtee@stm2.edu.my Website: www.stm.edu.my

Admission Application Form for English TEE* (Part-Time) Programmes

**TEE - Theological Education by Extension*

Please submit this Form and all supporting documents electronically via email.

Choose only one Programme for admission ☒

- ☐ Certificate of Christian Ministry
- ☐ Diploma of Christian Ministry
- ☐ Bachelor of Christian Ministry
- ☐ Graduate Diploma of Christian Ministry*
- ☐ Master of Christian Ministry*
- ☐ Master of Divinity*

FOR OFFICIAL USE ONLY:

**These programmes are for degree holders only*

Have you made any application to other seminary for theological studies? ☐ Yes ☐ No

If yes, which one: _____

Have you taken any credit courses under STM and / or STM TEE? ☐ Yes ☐ No

If yes, list courses, year
taken and grade?

| | | |
|----|----|----|
| 1) | 2) | 3) |
|----|----|----|

PERSONAL INFORMATION

Name in Full: _____ ☐ Male ☐ Female
According to your I/C & underline your SURNAME or FAMILY NAME

Name in Chinese (if applicable): _____

Correspondence address: _____

Postcode : _____

Home Phone No: _____ Work Phone No: _____

Mobile Phone No: _____ Facsimile No: _____

Email Address: _____

Permanent address (if the above address is temporary, please include your permanent address for future correspondence:

Postcode :

Date of Birth: _____

Citizenship: _____

NRIC / Passport No: _____

Race: _____

MARITAL & FAMILY DETAILS:

Single: ☐

Married: ☐ _____ (Date)

Widowed: ☐ _____ (Date)

Divorced: ☐ _____ (Date)

Spouse's name: _____ Date of birth: _____

NAMES OF CHILDREN & THEIR DATE OF BIRTH

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

CHURCH AFFILIATION AND CHRISTIAN EXPERIENCE

Denomination: _____

Name and address of your present local church: _____

Postcode: _____

Date and place of baptism: _____

Date and place of confirmation: _____

Are your family members Christians? _____

Vocational goal (Parish minister, missionary, teacher, chaplain, etc) _____

If you are making a career change, what is your present vocation? _____

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?

- **Testimony of Conversion:** Describe briefly in about 100 – 200 words how and when you became a Christian. (submit in a separate document)
- **Testimony of Calling:** Write a short essay of approximately 200 – 300 words explaining why you are applying to come to STM. (submit in a separate document)

| SCHOOL/COLLEGE | LANGUAGE OF INSTRUCTION | NO OF YEARS (Start/End dates) | STANDARD PASSED |
|----------------|-------------------------|-------------------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| EMPLOYER | TYPE OF WORK | PERIOD OF EMPLOYMENT (Start/End dates) |
|----------|--------------|---|
| | | |
| | | |
| | | |
| | | |

FINANCIAL INFORMATION

How will your training in the Seminary be financed?

It you are a married student how will your own family be supported during the period of training?

Are your parents depending on you for financial support? If so, what is your arrangement?

SUPPORTING DOCUMENTS

This application will not be valid unless supported by certified copies of the original documents.

- Photocopy of your NRIC / Passport. (For Foreign Students, please include working visa)
- Certified documentary evidence of examinations passed (pdf format)
- A recommendation letter from your church's pastor or elder (see form below)
- One digital photograph (similar to passport photo)
- A self-report questionnaire form (see below)
- A testimony of Conversion
- A testimony of Calling to Studies at STM
- For Master of Divinity, please provide detailed transcript of your theological programme.
- Cost for Submitting Admission Application Form is RM200. Please bank into RHB Bank Bhd no : **2-14389-0006441-9** or via JomPAY Biller / TnG / DuitNow (Boost)



Biller Code: 58883
Ref-1: Customer Name
Ref-2: Handphone Number

JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account

SEMINARI THEOLOJI MALAYSIA



ONLINE BANK TRANSFER

Name of Bank:
RHB Bank

Name of Account:
Seminari Theoloji Malaysia

Account No:
2-14389-0006441-9



SEMINARI THEOLOJI MALAYSIA



I declare that the above information contained herein is true and accurate.

Signature: _____

Date: _____

SUBMISSION ADDRESS

This application is to be emailed together with the above-mentioned documents to:

English TEE Director
STM-KL Centre
Level 3, Wisma Methodist
Lorong Hang Jebat
50150 Kuala Lumpur
Tel: 012 777 3287

Email: English TEE Director (engteedirector@stm2.edu.my)
Email: English TEE Administrator (engtee@stm2.edu.my)

Self-Reporting Questionnaire (SRQ)

Private & Confidential

Please submit this form together with the admission application form.

Name: _____ Date: _____

Tick the appropriate answer.

| No. | Questions | Answers | | |
|-----|---|---------|----|-----------|
| | | Yes | No | Sometimes |
| 1. | Do you often have headaches? | | | |
| 2. | Is your appetite/digestion poor? | | | |
| 3 | Do you sleep badly? | | | |
| 4 | Are you easily frightened? | | | |
| 5 | Are you easily tired? | | | |
| 6 | Do you feel nervous, tense or worried? | | | |
| 7 | Do you have a chronic illness long term)? Please specify: | | | |
| 8 | Do you have a smoking problem? | | | |
| 9 | Do you have an addiction (substance abuse, online games/ web addiction)? Please specify: | | | |
| 10 | Do you cry more than usual? | | | |
| 11 | Do you often feel unhappy? | | | |
| 12 | Do you find it difficult to make decision? | | | |
| 13 | Do you suffer from depression? | | | |
| 14 | Are you under any medication for depression? | | | |
| 15 | Can you handle pressure well? | | | |
| 16 | Do you procrastinate? | | | |
| 17 | Have you ever entertained the thought of ending your life? | | | |
| 18 | Do you feel your life is not worth living? | | | |
| 19 | Are you a team player? | | | |
| 20 | Can you relate well with other people? | | | |
| 21 | Do you feel that somebody has been trying to harm you in some way? | | | |
| 22 | Do you think too highly of yourself? | | | |
| 23 | Do you have trouble thinking clearly? | | | |
| 24 | Do you ever hear voices without knowing where they come from or which other people cannot hear? | | | |
| 25 | Is there any other thing that you wish to tell us? Please specify: | | | |

LETTER OF RECOMMENDATION

SEMINARI THEOLOJI MALAYSIA

Main Campus

Lot 3011, Taman South East, 70100 Seremban, Negeri Sembilan, Malaysia
Tel: 606 632 2815 Fax: 606 632 9766

STM-KL Centre (for English TEE Part-Time Programmes)

Level 3, Wisma Methodist, Lorong Hang Jebat, 50150 Kuala Lumpur
Tel: 012 777 3287
Email: engtee@stm2.edu.my Website: www.stm.edu.my

| | | | |
|------------------------|--|--|--|
| Name of Applicant: | | | |
| Study Program applied: | | | |
| Load / Language: | <input type="checkbox"/> Full-time / <input type="checkbox"/> In-campus/Part-time / <input type="checkbox"/> TEE / <input type="checkbox"/> English / <input type="checkbox"/> Tamil | | |
| Recommended by: | <input type="checkbox"/> Pastor <input type="checkbox"/> Lay Leader <input type="checkbox"/> Employer <input type="checkbox"/> Others _____ | | |

NOTE: THIS FORM IS NOT TO BE FILLED OUT BY ANY MEMBER OF YOUR IMMEDIATE FAMILY.

The individual named above is applying for admission to Seminari Theoloji Malaysia. Please help us by giving your personal assessment in this important phase of the applicant's life.

1. How do you assess his or her abilities and character in the following categories?

| | Not observed | Weak | Fair | Average | Very Good | Out Standing |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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 & 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"/> |
| Oral communication skills in Chinese | <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"/> |
| Written communication skills in Chinese | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to analyze problems and 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 of study | <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? _____
Please rate: Very well ☐ Rather well ☐ Casually ☐ Not well ☐

In what capacity? _____

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

4. Do you see this person as someone whom you would have as the pastor of a church or church worker, or you would hire to work with as a colleague?

Yes ☐ No ☐ Unsure ☐

Please
comment: _____

5. I recommend this applicant for admission to Seminari Theoloji Malaysia.

| | |
|---|---|
| <input type="checkbox"/> Highly recommended | <input type="checkbox"/> Recommended |
| <input type="checkbox"/> Recommended with reservation | <input type="checkbox"/> Do not recommend |

Sign: _____ Date: _____

Name: _____ Position: _____

Church Name
and Address: _____

Phone No: _____ Email: _____

Please email this form directly to:

English TEE Director
STM-KL Centre
Level 3, Wisma Methodist
Lorong Hang Jebat
50150 Kuala Lumpur
Tel: 012 777 3287
Email: English TEE Director (engteedirector@stm2.edu.my)
Email: English TEE Administrator (engtee@stm2.edu.my)