



Attach recent photograph (passport size)

(an interdenominational theological seminary for clergy and church workers)
Lot 3011, Taman South East, 70100 Seremban, Negeri Sembilan D.K., West Malaysia.
P.O. Box 175, 70720 Seremban, Negeri Sembilan D.K. West Malaysia.

Tel: 606-6322815

Email: academic2@stm2.edu.my Website: www.stm.edu.my

# **Application for Admission**

(In Campus programme)

To which Christian studies are you seeking admission? Check one only ☑	
<ul> <li>□ Master of Divinity</li> <li>□ Master of Christian Studies</li> <li>□ Graduate Diploma of Christian Studies</li> <li>□ Bachelor of Divinity</li> <li>□ Diploma of Theology</li> <li>□ Bachelor of Theology</li> <li>□ Diploma of Christian Ministry</li> </ul>	FOR OFFICIAL USE ONLY:
When do you plan to enroll? Year: Language medium: □ English	
Indicate your anticipated academic load □ Full-time □ Part-time	
Have you made any application to other seminary for theological studies? $\ \square$ Yes $\ \square$ No	
If so, which one:	
For those who apply to enroll to programmes of Master of Divinity, Bachelor of Divinity, and	Bachelor of Theology:
Would you choose to complete your study in a specific area of concentration?	S □ NO
If YES, please choose ONE among the following areas of concentration:  Biblical Study: □ Old Testament □ New Testament  Theology and History: □ Christian Theology □ Church History  Practical Theology: □ Pastoral Care and Ministry □ Missiology □ Chris	stian Spirituality and Worship
Note: Area of concentration will be specified in the Certificate and Transcript upon completion of stu	ıdy.
PERSONAL INFORMATION  Name in Full:  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, correspondence:	, please include your permanent address	for future
	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 EXPER	IENCE	
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, ch	aplain, 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: Describe briefly in about 200 300 words how and when you became a Christian. (Please use a separate sheet of paper)
- Calling Ministry: Write a short essay of approximately 200 300 words explaining why you are applying to come to STM. If you are married, include in your statement how your spouse feels about your application and your entering the Christian ministry. If you are under 21 years of age, how do your parents feel about your application? (Please use a separate sheet of paper)

# **ACADEMIC HISTORY**

Name & Type of Institution: State, Country	Mode of Study: Language of Instruction	From (YYYY/MM)	To (YYYY/MM)	Type of Qualification: Grade Obtain

# **EMPLOYMENT HISTORY**

Company Name: Employment Type, State, Country	Position: Responsibilities	From (YYYY/MM/DATE)	To (YYYY/MM/DATE)

## 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.

#### FOR ALL APPLICANTS

- a. Photocopy of your NRIC (for Malaysian students) or passport (for international students)
- Certified documentary evidence of examinations passed (certificates and transcripts). Copy of MUET results (if available) to be included
- c. A medical certificate of health from a qualified doctor and a X-Ray report
- d. A recommendation letter from your pastor / elder
- e. A recommendation letter from someone other than a family member or relative
- f. A recommendation letter from your denomination ministerial / ordination committee or head of denomination (applicable to church sponsored students only)
- g. Three (3) passport size photographs
- h. A self-report questionnaire form
- i. Cost for submission of application RM200.00 (for non-STM affiliated church sponsored) payable to "Pemegang Amanah Seminari Theoloji Malaysia Berdaftar".



(Application deadline: Before 1 October for admission into the following academic year)

#### FOR PART-TIME STUDENTS

 Applicants need only submit the following documents listed: Items a, b, d, g, h & i.

	ned herein is true and accurate. If admitted, I agree to abide by the laysia as they are stated in the current Student's Handbook.
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Signature:	Date:

# **Private & Confidential**

Name:	Date:	
Please submit together with an application form (Tick the	e appropriate box).	

# **SELF REPORTING QUESTIONNAIRE (SRQ)**

Question	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 a 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 entertain 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 (an interdenominational theological seminary for clergy and church workers)

Lot 3011, Taman South East,

70100 Seremban, Negeri Sembilan Darul Khusus, West Malaysia.

Tel: 606-6322815

ALAYSIA Email: academic2@stm2.edu.my Website: www.stm.edu.my

Name of Applicant:						
Study Program applied:						
Load / Language:	□ Full-time	□ In-campus/Pa	rt-time	□ TEE	□ English	□ Tamil
Recommended by:	□ Pastor	☐ Lay Leader	□ Em <sub>l</sub>	ployer	□ Others	
NOTE: THIS FORM IS NO	OT TO BE FILL	ED OUT BY ANY M	IFMBER (	DF YOUR	IMMEDIATE FAN	MII Y

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						
Ability to work with others						
Initiative						
Creativity & Imagination						
Maturity						
Interpersonal skills						
Self-confidence						
Self-discipline						
Oral communication skills in English						
Oral communication skills in Chinese						
Written communication skills in English						
Written communication skills in Chinese						
Quality of work						
Ability to analyze problems and formulate solutions						
Leadership skills						
Motivation for proposed program of study						
Aptitude for chosen ministry or profession						

How long have you known the app	licant?		
Please rate: ☐ Very well	□ Rather well	☐ Casually	□ Not well
In what capacity?			
Please provide us with a stateme character and professional promis and weaknesses.	ent concerning the a se. Also include in yo	applicant's spiritualit our statement an as	ry maturity, abilities, personal sessment of his or her streng
Do you see this person as someor you would hire to work with as a		have as the pastor	of a church or church worker,
☐ Yes	□ No		☐ Unsure
Please comment:			
I recommend this applicant for ad			
☐ Highly recommended		Recommended	
☐ Recommended with reserv	ration $\square$	Do not recommer	nd
Signed		Date	
Name		Position	
Church Name & Address:			
Phone No:		Fax No:	
Email Address:			
	<b>mic Office</b> ari Theoloji Malaysia, 11, Taman South Easi		

Seminari Theoloji Malaysia, Lot 3011, Taman South East, 70100 Seremban, Negeri Sembilan. (or email to: academic2@stm2.edu.my)