



Attach recent
photograph
(passport size)

(an interdenominational theological seminary for clergy and church workers)
Lot 3011, Taman South East, 70100 Seremban, Negeri Sembilan, Malaysia
Tel : 63-79601867; Fax : 63-679325225
E-mail: engtee@stm2.edu.my Webpage: <http://www.stm.edu.my>

Admission Application Form for Tamil TEE Programs

To which Programs are you seeking admission? Check one only

- Certificate of Christian Ministry
 Diploma of Christian Ministry
 Bachelor of Christian Ministry

FOR OFFICIAL USE ONLY:

When do you plan to enroll? Year: _____

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

If so, which one: _____

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: Describe briefly in about 100 – 200 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.

ACADEMIC HISTORY

SCHOOL/COLLEGE	LANGUAGE OF INSTRUCTION	NO OF YEARS	STANDARD PASSED

WORKING EXPERIENCE

EMPLOYER	TYPE OF WORK	PERIOD OF EMPLOYMENT

FINANCIAL INFORMATION

How will your training in the Seminary be financed?

If 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.

- a. Photocopy of your NRIC
- b. Certified documentary evidence of examinations passed
- c. A recommendation letter from your church's pastor or elder
- d. Two (2) passport size photographs
- e. A self-report questionnaire form
- f. Cost for Submitting Admission Application Form is RM200.

Payable to:

Name: Pemegang Amanah Seminari Theoloji Malaysia Berdaftar

Bank Name: RHB Bank Berhad

Bank Account No.: 2-14389-0007093-1

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

Signature: _____

Date: _____

SUBMISSION PROCEDURE

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

Tamil TEE Director
Seminari Theoloji Malaysia
Lot 3011 Taman South East
70100 Seremban
Negeri Sembilan

Email: TEE Director: joe8162915@yahoo.com
TEE staff: tamiltee@stm2.edu.my

Private & Confidential

Date: _____

Name: _____

Please submit together with an application form (Tick the 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, Jalan Tampin Lama Batu 3,
70100 Seremban, Negeri Sembilan Darul Khusus West Malaysia
Tel : 6-06-6322815; Fax : 6-06-6329766
Website: www.stm.edu.my/version2

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"/>