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(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 English TEE Programs**

To which Programs are you seeking admission? Check one only

- Certificate of Christian Ministry
- Diploma of Christian Ministry
- Bachelor of Christian Ministry
- Graduate Diploma of Christian Ministry
- Master 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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- 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?

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

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

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## SUPPORTING DOCUMENTS

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

- Photocopy of your NRIC
- Certified documentary evidence of examinations passed
- A recommendation letter from your church's pastor or elder
- Two (2) passport size photographs
- A self-report questionnaire form
- Cost for Submitting Admission Application Form is RM150. Please bank into RHB Bank Bhd via JomPAY Biller.



**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

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:**

English TEE Director  
PJCTEE of Seminari Theoloji Malaysia  
Level 3 Luther Centre  
No. 6 Jalan Utara  
46200 Petaling Jaya  
Selangor

Tel: 03 7660 1867

Fax: 03 7932 5225

Email: TEE Director Ps Dr Wong Moi Lee ([moilee@stm2.edu.my](mailto:moilee@stm2.edu.my))

Email: Manonmani ([engtee@stm2.edu.my](mailto: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 entertain 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

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.

- Highly recommended  Recommended  
 Recommended with reservation  Do not recommend

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Church Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please send this directly to:

English TEE Director (TEE prog.)  
Level 3, Luther Centre,  
No. 6, Jalan Utara,  
46200 Petaling Jaya,

**Tel : 03 7960 1867**

**Fax : 03 7932 5225**

Email: TEE Director Ps Dr Wong Moi Lee ([moilee@stm2.edu.my](mailto:moilee@stm2.edu.my))

Email: Manonmani ([engtee@stm2.edu.my](mailto:engtee@stm2.edu.my))