

Passport Size Photograph

P.O.Box 11925, 88821 Kota Kinabalu, Sabah, Malaysia. Tel: 60-88-231579, 217523, 217569 Fax: 60-88-232618 Email: <u>enquiry@stssabah.org</u> Website: <u>www.stssabah.org</u>

## **APPLICATION FORM (English Department)**

(1) STATUS & PROGRAM TO BE ENROLLED (Marked X in the 🗌 provided)

STATUS: 🗆 Full Time 🛛 Part Time

#### PROGRAM:

6.

| 1 | $\square$ MASTER OF THE | OLOGY (M | . Theol., 2 years) |
|---|-------------------------|----------|--------------------|
|---|-------------------------|----------|--------------------|

Major field of study:\_\_\_

Selected field of study:

- B.D. degree, M.Div. degree or the equivalent.
- Above 2 or 3 years of practical experience in church ministry.
- Minimum TOEFL score (173 computer-based, 500 paper-based); or IELTS (Overall Band Score 5), taken not
  more than 2 years before application.
- One written paper (6,000 words).

# 2. **MASTER IN MINISTRY (M. Min., 1 year)**

- A degree in theology, or the equivalent, with 5 years Christian Ministry experience.
- Special consideration may be given to exceptional candidates who do not fully meet the above criteria. Such applicants will be considered on a case-by-case basis.

3. MASTER OF DIVINITY II (M. Div. II, 2 years)

B.Th. and at least 2 years of experience in Christian Ministry.

# 4. MASTER OF DIVINITY I (M. Div. I, 3 years)

- A baptized church member; with sound mental health, learning ability, interpersonal relationship, and actively committed to church ministries.
- A recognized university degree or the equivalent.

# 5. MASTER OF CHRISTIAN STUDIES (MCS, 2 years) From 2013 application onwards

- A baptized church member; with sound mental health, learning ability, interpersonal relationship, and actively committed to church ministries.
- A recognized university degree or the equivalent.

# **BACHELOR OF DIVINITY (B. D., 4 years)**

- A baptized church member of 19 years of age or above; with sound mental health, learning ability, interpersonal relationship, and actively committed to church ministries.
- A level / Form 6 (STPM) / HSC or the equivalent.
  - Pass in general paper with 2 Principal Passes & 2 Subsidiary Passes, or 3 Principal Passes. or
  - Pass in general paper and 3 credits or above. (effective from 2013 application)

# 7. ADVANCED DIPLOMA IN CHRISTIAN STUDIES (ADipCS, 2 years)

- A baptized church member; with sound mental health, learning ability, interpersonal relationship, and actively committed to church ministries.
- A recognized university or college diploma, pass in STPM or the equivalent.

# 8. BACHELOR OF THEOLOGY (B. Th., 4 years)

- A baptized church member of 19 years of age or above; with sound mental health, learning ability, interpersonal relationship, and actively committed to church ministries.
- Form 5 (SPM), O level Grade III and above or the equivalent.
   After 2001, 6 passes including Bahasa Malaysia in one exam with 5 credits (effective from 2013 application).

# 9. DIPLOMA IN THEOLOGY (Dip. Th., 4 years)

- A baptized church member of 19 years of age or above; with sound mental health, learning ability, interpersonal relationship, and actively committed to church ministries.
- Form 5 (SPM) with 4 SAP subjects or the equivalent.
   After 2001, 5 passes including 3 credits in one exam (effective from 2013 application).

## 10. CERTIFICATE OF THEOLOGICAL STUDIES (CTS, 2 years)

- A baptized church member of 19 years of age or above; with sound mental health, learning ability, interpersonal relationship, and actively committed to church ministries.
- Form 5 (SPM) with 4 SAP subjects or the equivalent.
  - After 2001, 5 passes including 3 credits in one exam (effective from 2013 application). or
- A church worker (evangelist or pastor) with at least two years of ministerial experience, Form 3 (SRP) and above and a certificate from a two to four-year Bible Training Institution.

## 11. DIPLOMA IN CHURCH MINISTRY (Dip. CM, 32 credit hours)

- A baptized Christian.
- Form 5 (SPM), O level Grade III and above or the equivalent.
- Completed CCM (16 credit hours) or the equivalent.
- Completed 32 credit hours under the program of CTS or above.

## ADVANCE DIPLOMA IN CHURCH MINISTRY (ADCM, 40 credit hours)

• A baptized Christian.

12.

- Form 5 (SPM), O level Grade III and above or the equivalent.
- Completed Dip.CCM (32 credit hours) or the equivalent.
- Completed 40 credit hours under the program of CTS or above.

# 13. **D BACHELOR OF CHURCH MINISTRY (BCM, 60 credit hours)**

- A baptized Christian.
- Form 5 (SPM), O level Grade III and above or the equivalent.
- or • Completed ADCM (40 credit hours) or the equivalent.
- Completed 60 credit hours under the program of CTS or above.

# (2) PERSONAL PARTICULARS

| Name:   |                |                  | Chinese Character:                         |
|---|----------------|------------------|--|
| (BLOCK. Underline fai                               | nily name)     |                  | (If applicable)                            |
| Nationality:  | Race:_         |                  | Gender:                                    |
| Date of Birth: (d/m/y)                              |                | Place of Birth : |  |
| Denomination:                                       |                |                  |  |
| Marital Status: 🗌 Married 🔲 Single                  | $\Box$ Other _ |                  |  |
| NRIC /Passport * No.:<br>*For international student |                | Place of Issu    | e:   |
| Permanent Postal Address:                           |                |                  |  |
| Permanent Address (If different from abo            | ve):           |                  |  |
| Tel No.: (Office)                                   |                | (Residence)      |  |
| (HP)  |                | _ (Fax)          |  |
| Email:  |                |                  |  |
| (3) FAMILY PARTICULARS                              |                |                  |  |
| <u>Spouse</u>                                       |                |                  |  |
| Name:(Underline family name)                        |                | (                | Chinese Character:( <i>If applicable</i> ) |
| Nationality:  | _ Race:        |                  | Gender:                                    |
| Date of Birth:                                      |                | Place of Birth:_ |  |
| Occupation:   |                |                  |  |
| Tel No.: (HP)                                       |                |                  |  |

# <u>Children</u>

| Name | Sex | Date of Birth (d/m/y) |
|------|-----|-----------------------|
|      |     |                       |
|      |     |                       |
|      |     |                       |
|      |     |                       |
|      |     |                       |
|      |     |                       |

#### **Parents**

| Father's Name:                 |               |  |  |  |
|--------------------------------|---------------|--|--|--|
| Mother's Name:                 |               |  |  |  |
| Occupation:                    | Tel No.: (HP) |  |  |  |
| <u>Next of Kin (If single)</u> |               |  |  |  |
| Name:                          | Relationship: |  |  |  |
| Tel No.: (Office)              | (Residence)   |  |  |  |
| (HP)                           | (Email)       |  |  |  |

# (4) EDUCATION

| Education Level             | Period | Highest Exam Passed/Degree Awarded |
|-----------------------------|--------|------------------------------------|
| Name of School              |        |                                    |
|                             |        |                                    |
|                             |        |                                    |
| Name of University/College  |        |                                    |
|                             |        |                                    |
|                             |        |                                    |
|                             |        |                                    |
| Name of Theological College |        |                                    |
|                             |        |                                    |
|                             |        |                                    |
|                             |        |                                    |
|                             | •      |                                    |

## (5) **EMPLOYMENT**

| Period<br>(From/To) | Employer | Position Held | Reason for leaving |
|---------------------|----------|---------------|--------------------|
|                     |          |               |                    |
|                     |          |               |                    |
|                     |          |               |                    |
|                     |          |               |                    |
|                     |          |               |                    |

# (6) CHURCH MEMBERSHIP

| Ivanie & Address of Home City                            | urch:   |              |                           |
|--|---|--------------|---------------------------|
| Church Tel:  | Pastor In Charge  |              |                           |
| Baptism:   | When  |              |                           |
| Confirmation:  | When  | _ Where      |                           |
| Ordination: 🗆 Yes 🛛 No                                   | When  | _ Where      |                           |
| Church:  |   |              |                           |
| stating length of time participat                        | activities and organization in which<br>ted:                |              |                           |
| Other related information:                               | elf Support:  |              |                           |
| (8) HOUSING  | . (Please indicate: 1 <sup>st</sup> and 2 <sup>nd</sup> Cho |              |                           |
| a) Wisma STS : 1 room,                                   | l living room <b>without kitchen.</b>                       |              | RM 3,500.00               |
| b) Wisma STS : 2 rooms,                                  | 1 living room with kitchen.                                 |              | RM 6,000.00               |
| c) Koinonia (Old Buildin                                 | g) : 2 rooms <b>with public kitchen</b> .                   |              | RM 2,200.00               |
| □ d) Taman Fantasi : 1 unit <b>with public kitchen</b> . |   |              | RM2,400.00-<br>RM3,500.00 |
|  |   |              |                           |
|  |   | hy ceminary  |                           |
| <b>Required. Single Unit.</b>                            | Shared room, room-mates arranged                            | by seminary. | RM 1,200.00               |
| □ Required. Single Unit. S                               |   | by seminary. | RM 1,200.00               |

Applicant

Date: \_\_\_\_\_

Pastor / Head of the Church

.....

Date: \_\_\_\_\_ Official Stamp:

#### (10) SUPPORTING DOCUMENTS

# \* This application will be processed only after the following certified copies or the original documents <u>have been received:</u>

- 1. \* Copies of past education certificates.
- 2. \* Official transcript from previous college/university and theological seminary.
- 3. \* Recommendation Letter: Use the form attached, make copies and send directly to **The Director of The** Admission Committee.
  - a. \* From Pastor of Church which you attend regularly.
  - b. From Head of the Church. (Full-Time Student Only)
  - c. <u># For application of M.Theol. only:</u> From a Principal or a Lecturer / Professor of the institution in which you have completed your last theological degree.
- 4. Statement of Support from supporting agency/church (Non-Self Support Applicant).
- 5. \* Personal Testimony :
  - a. \* How do you become a Christian?
  - **b.** \* Statement of Purpose: Reasons that you want to study in STS; vision and plan for future ministry upon completion of study.
- 6. \* Passport Size Photo: 2 copies; West Malaysians and International Applicants 7 copies.
- 7. \*A copy of NRIC for Malaysians; A photocopy of all the passport pages for International Applicants, several front pages for West Malaysians (with validity of at least 2 years and above).
- 8. \* Report of Medical Examination by recognized General Medical Practitioner (Medical Examination Form).

#### <u># Extra requirements for applicant of M.Theol.</u>:

9. # TOEFL results (173 computer-based, 500 paper-based, 63 internet-based); or IELTS (M.Theol.: Overall Band Score 5) for those whose undergraduate education was not done in English, and taken not more than 2 years before application. Those who have completed their undergraduate education in English with good command in the English language maybe exempted.

10. # Application Contribution: Malaysians RM160.00; International Applicants US\$50.00.

#### Note:

One academic year comprises 2 semesters, Semester 1 begins in January, and Semester 2 begins by end of June.

Students in Master in Ministry (M.Min.), Master of Divinity II (M.Div.II), Master of Theology (M.Theol.) transfer from another Seminary, or upgrading from one degree to another, may be allowed in Semester 2 enrollment. Enrollment for other programs takes place in January, except those who have to come anytime upon visa approval.

Local applications: Deadline is 1<sup>st</sup> September for admission in the next academic year.

**International applications: Deadline is 31^{st} January** prior to the proposed commencement of study. Please allow 6 to 12 months for student visa application after admission has been approved.

Applications received after the deadline will be processed for entrance in the following academic year.

The completed Application Form can be sent in by fax, e-mail or post to:

The Director of the Admission Committee SABAH THEOLOGICAL SEMINARY P.O. Box 11925 88821 Kota Kinabalu Sabah, Malaysia Tel: 60-88-231579, 217523, 217569 Fax: 60-88-232618 Email: admissionreply.sts@gmail.com How do you become a Christian? (Handwritten, make extra pages if necessary.)

Date: \_\_\_\_\_

State in your own words (**300 - 400 words**) your purpose in seeking entrance to the Sabah Theological Seminary and your expectations as to your specific ministry upon completion of the study.

Date: \_\_\_\_

\_\_\_\_\_ (Name of the Applicant)

is applying for the\_\_\_\_\_\_(Program)

of the Sabah Theological Seminary. Please give a careful and confidential appraisal of the applicant:

Character and personality:

Emotional stability:

General health:

Vocational clarity and commitment:

Academic ability:

Resourcefulness:

Intelligence and diligence for graduate studies and research:

Strength:

Weaknesses:

How would you rate his/her mastery of the English language in relation to the demands of graduate study (M.Theol. Program)?

| Auditory comprehension: | □ inadequate | □ satisfactory | □ very good |
|-------------------------|--------------|----------------|-------------|
| Reading comprehension:  | □ inadequate | □ satisfactory | □ very good |
| Oral expression:        | ☐ inadequate | □ satisfactory | □ very good |
| Written expression:     | □ inadequate | □ satisfactory | □ very good |

How long have you know the applicant, and in what capacity?

| Do you recommend the applicant for study? |  |   |
|---|--|---|
| □ Strongly                                |  |   |
| □ Yes                                     |  |   |
| □ Not sure                                |  |   |
| 🗆 No                                      |  |   |
| Name:                                     | Position or Title:                           |   |
| Name of Church & Address:                 |  |   |
|   | Email:                                       |   |
| Signature:<br>Official Stamp:             | Date:  | _ |
| When completed,                           | please send this recommendation directly to: |   |
| The D                                     | virector of the Admission Committee          |   |

SABAH THEOLOGICAL SEMINARY P.O. Box 11925 88821 Kota Kinabalu Sabah, Malaysia Tel: 60-88-231579, 217523, 217569 Fax: 60-88-232618 Email: <u>admissionreply.sts@gmail.com</u>

## SABAH THEOLOGICAL SEMINARY

P. O. Box 11925, 88821 Kota Kinabalu, Sabah, Malaysia.

## **Medical Examination Form**

(To be submitted with Application for Admission)

| Name: | Date of Birth: |
|-------|----------------|
|       |                |

Address:

1. Medical history (mental/psychological problem, serious illness, infection, operation):

| 2. General Condition:   |                                       |  |  |  |  |  |
|---|---------------------------------------|--|--|--|--|--|
| 3. Weight:  |                                       |  |  |  |  |  |
| 4. Skin:  |                                       |  |  |  |  |  |
| 5. Ears:  |                                       |  |  |  |  |  |
| 6. Eyes:  |                                       |  |  |  |  |  |
| 7. Breast (female student):                                       |                                       |  |  |  |  |  |
| Other remarks:  |                                       |  |  |  |  |  |
| 8. Thyroid:   |                                       |  |  |  |  |  |
| 9. Cardio Vascular System:  |                                       |  |  |  |  |  |
| a) Heart:   |                                       |  |  |  |  |  |
| b) Blood Pressure:  |                                       |  |  |  |  |  |
| c) Pulse:   |                                       |  |  |  |  |  |
| d) Veins:   |                                       |  |  |  |  |  |
| e) HB:  |                                       |  |  |  |  |  |
| 10. Glands:   |                                       |  |  |  |  |  |
| 11. Respiratory System:   |                                       |  |  |  |  |  |
| ar) Maaa  |                                       |  |  |  |  |  |
| b) Lungs: (Negative Chest X-Ray required)                         | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
| c) X-Ray:   |                                       |  |  |  |  |  |
| 12. Alimentary System:  |                                       |  |  |  |  |  |
| a) Mouth and harynx:  |                                       |  |  |  |  |  |
|   |                                       |  |  |  |  |  |
| b) Teeth  |                                       |  |  |  |  |  |
| c) Abdomen:   |                                       |  |  |  |  |  |
| d) Stool:   |                                       |  |  |  |  |  |
| 13. Urinary System<br>Urine test: Prot                            | Glucose                               |  |  |  |  |  |
| FEME (Optional)   | Olocose:                              |  |  |  |  |  |
| 14. Nervous System:   |                                       |  |  |  |  |  |
| a) Headaches:   |                                       |  |  |  |  |  |
| b) Sleep:   |                                       |  |  |  |  |  |
| 15. Hbs Antigen:Ar  | ntibodies:                            |  |  |  |  |  |
| VDRL & HIV (when indicated):                                      |                                       |  |  |  |  |  |
| 16. General Remarks:  |                                       |  |  |  |  |  |
| 17. Vaccination and Inoculations:                                 |                                       |  |  |  |  |  |
|   |                                       |  |  |  |  |  |
| Name of Examining Doctor:   |                                       |  |  |  |  |  |
| Address of Examining Doctor:                                      |                                       |  |  |  |  |  |
| I certify that  | has been examined by me               |  |  |  |  |  |
| and has no significant physical or mental illness that will adver | rsely affect his/her studies.         |  |  |  |  |  |
| Signature:<br>Official Stamp:                                     | Date:                                 |  |  |  |  |  |