



**沙 巴 神 学 院**  
**SABAH THEOLOGICAL SEMINARY**  
**SEMINARI TEOLOGI SABAH**

P.O.Box 11925, 88821 Kota Kinabalu, Sabah, Malaysia.  
 Tel: 60-88-231579, 217523, 217569 Fax: 60-88-232618  
 Email: [admissionreply.sts@gmail.com](mailto:admissionreply.sts@gmail.com) Website: [www.stssabah.org](http://www.stssabah.org)

Passport Size  
 Photograph

**APPLICATION FORM (English Department)**

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

**STATUS:**         **Full Time**                       **Part Time**

**PROGRAM:**

1.  **DOCTOR OF THEOLOGY (D.Theol., Full-time: 4 years, Part-time: 6 Years)**

Field of study: \_\_\_\_\_

- M. Theol. degree or an equivalent degree.
- Minimum TOEFL score (250 computer-based, 600 paper-based); or IELTS (Overall Band Score 7.0).

2.  **MASTER OF THEOLOGY (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.
- Pass English Exam (STS)
- or
- Minimum TOEFL score (173 computer-based, 500 paper-based); or IELTS (Overall Band Score 5.0), taken not more than 2 years before application.
- Pass entrance exam.

3.  **MASTER OF MINISTRY (M. Min., 2 years)**

- A degree in theology, or the equivalent, with 4 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.

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

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

5.  **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.

6.  **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.

7.  **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)**
8.  **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.
9.  **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)**.
10.  **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)**.
11.  **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.
12.  **DIPLOMA IN CHRISTIAN COUNSELLING (DipCC, 2 year)**
- BACHELOR IN CHRISTIAN COUNSELLING (BCC, 3 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 3 credits.

**(2) PERSONAL PARTICULARS**

Name: \_\_\_\_\_ Chinese Character: \_\_\_\_\_  
(BLOCK. Underline family name) (If applicable)

Nationality: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: (d/m/y) \_\_\_\_\_ Place of Birth : \_\_\_\_\_

Denomination: \_\_\_\_\_

Marital Status:  Married  Single  Other \_\_\_\_\_

NRIC /Passport \* No.: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

\*For international student

Permanent Postal Address: \_\_\_\_\_

Permanent Address (If different from above): \_\_\_\_\_

Tel No.: (Office) \_\_\_\_\_ (Residence) \_\_\_\_\_

(HP) \_\_\_\_\_ (Fax) \_\_\_\_\_

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

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**(3) FAMILY PARTICULARS**

**Spouse**

Name: \_\_\_\_\_ Chinese Character: \_\_\_\_\_  
(Underline family name) (If applicable)

Nationality: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Tel No.: (HP) \_\_\_\_\_

**Children**

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

**Parents**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Tel No.: (HP) \_\_\_\_\_

**Next of Kin (If single)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel No.: (Office) \_\_\_\_\_ (Residence) \_\_\_\_\_

(HP) \_\_\_\_\_ (Email) \_\_\_\_\_

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**(4) EDUCATION**

Education Level	Period	Highest Exam Passed/Degree Awarded
<u>Name of School</u>		
<u>Name of University/College</u>		
<u>Name of Theological College</u>		

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**(5) EMPLOYMENT**

Period (From/To)	Employer	Position Held	Reason for leaving

**(6) CHURCH MEMBERSHIP**

Name & Address of Home Church: \_\_\_\_\_

Church Tel: \_\_\_\_\_ Pastor In Charge \_\_\_\_\_

Baptism: When \_\_\_\_\_ Where \_\_\_\_\_

Confirmation: When \_\_\_\_\_ Where \_\_\_\_\_

Ordination:  Yes  No When \_\_\_\_\_ Where \_\_\_\_\_

Church: \_\_\_\_\_

Church Activities: List church activities and organization in which you have participated and held positions, stating length of time participated:

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

**(7) FINANCE**

Support Source / Church, or Self Support: \_\_\_\_\_

Other related information: \_\_\_\_\_

**(8) HOUSING**

Not required.

Required. Family Unit. (Please indicate: 1<sup>st</sup> and 2<sup>nd</sup> Choice, subject to room availability)

<input type="checkbox"/> a) Wisma STS : 1 room, 1 living room <b>without kitchen.</b>	RM 3,500.00
<input type="checkbox"/> b) Wisma STS : 2 rooms, 1 living room <b>with kitchen.</b>	RM 6,000.00
<input type="checkbox"/> c) Koinonia (Old Building) : 2 rooms <b>with public kitchen.</b>	RM 2,200.00

<input type="checkbox"/> Required. Single Unit. Shared room, room-mates arranged by seminary.	RM 1,200.00
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Accommodation is for one academic year (2 semesters).

**(9) SIGNATURE BY APPLICANT & RECOMMENDATION**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Pastor / Head of the Church

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

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

Official Stamp:

## (10) SUPPORTING DOCUMENTS

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

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. **# For application of M.Theol. and D.Theol. only:**  
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 did 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: 1 copies (Digital).
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.

### **# Extra requirements for applicant of M.Theol. Program and D.Theol. Program:**

9. # 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.  
  
D.Theol.: Minimum TOEFL score (250computer-based, 600paper-based); or IELTS (Overall Band Score 7.0);  
M.Theol.: Pass English Exam (STS); or minimum TOEFL results (173computer-based, 500paper-based);  
or IELTS (Overall Band Score 5.0).
10. # Application Fee:  
D.Theol.: Malaysians RM300.00; International Applicants US\$100.00.  
M.Theol.: 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 of Ministry (M.Min.), Master of Divinity II (M.Div.II), Master of Theology (M.Theol.),

Doctor of Theology (D.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> October** for admission in the next academic year.

**International applications: Deadline is 31<sup>st</sup> 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**

**PERSONAL TESTIMONY**

How did you become a Christian? (**Handwritten, make extra pages if necessary.**)

**Signature:** \_\_\_\_\_

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

## STATEMENT OF PURPOSE

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.

Signature: \_\_\_\_\_

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

## LETTER OF RECOMMENDATION

\_\_\_\_\_ (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: | <input type="checkbox"/> inadequate | <input type="checkbox"/> satisfactory | <input type="checkbox"/> very good |
| Reading comprehension:  | <input type="checkbox"/> inadequate | <input type="checkbox"/> satisfactory | <input type="checkbox"/> very good |
| Oral expression:        | <input type="checkbox"/> inadequate | <input type="checkbox"/> satisfactory | <input type="checkbox"/> very good |
| Written expression:     | <input type="checkbox"/> inadequate | <input type="checkbox"/> satisfactory | <input type="checkbox"/> 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: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Official Stamp:

When completed, please send this recommendation directly 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**

**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:

a) Nose: \_\_\_\_\_

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

Urine test: Prot \_\_\_\_\_ Glucose: \_\_\_\_\_

FEME (Optional) \_\_\_\_\_

14. Nervous System:

a) Headaches: \_\_\_\_\_

b) Sleep: \_\_\_\_\_

15. Hbs Antigen: \_\_\_\_\_ Antibodies: \_\_\_\_\_

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 adversely affect his/her studies.

Signature: .....

Date: .....

Official Stamp: