



沙 巴 神 學 院

**SABAH THEOLOGICAL SEMINARY
SEMINARI TEOLOGI SABAH**

P.O.Box 11925, 88821 Kota Kinabalu, Sabah, Malaysia
Tel: 6088-231579, 217523, 217569 Fax: 6088-232618
Email: enquiry@stssabah.org Website: www.stssabah.org

Passport Size
Photograph

Application For Admission
(English Department)

I. PROGRAM & STATUS TO BE ENROLLED (Marked X in the provided)

Full Time

Part Time

1. **MASTER OF THEOLOGICAL STUDIES --SEAGST (M.Theol., 2 years)**

- BD or its equivalent.
- At least 2 or 3 years of practical experience in church ministry.
- Minimum TOEFL score of 173 (500 paper based) or overall band scores 5 for IELTS taken not more than 2 years before admission.
- Pass entrance exam.

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

- A degree in theology, or 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)**

- Biblical & Theology track Pastoral Ministry track Social Ministry track Other: _____
- A church member.
 - A recognized university degree or the equivalent.

5. **MASTER OF THEOLOGICAL STUDIES (MTS, 2 years)**

- A church member.
- A recognized university degree or college diploma or the equivalent.

6. **BACHELOR OF DIVINITY (BD, 4 years)**

- Biblical & Theology track Pastoral Ministry track Social Ministry track Other: _____
- A church member of 19 years of age or above.
 - Form 6 (STPM), A level pass and above.

7. **CERTIFICATE IN CHRISTIAN SOCIAL MINISTRIES (CCSM, 2 years)**

- A church member of 19 years of age or above.
- Form 5 and above.

8. **CERTIFICATE OF CHURCH MINISTRY (CCM, 16 credit hours under the extension study program.)**

- A Christian above 19 years old.

9. **DIPLOMA OF CHURCH MINISTRY (DIP.CM, Completed CCM+16 credit hrs or 32 credit hrs)**

- A Christian above 19 years old.

II. PERSONAL PARTICULARS

Name: _____ Chinese Character: _____ Sex: _____
(Underline family name) (if applicable)

Date of Birth: (d/m/y) _____ Denomination: _____

Nationality: _____ Race: _____ Marital Status: _____

NRIC No.: _____ Place of Issue: _____

Passport No.: _____ Place of Issue: _____ Expiry Date: _____

Permanent Postal Address: _____

Present Address (if different from above): _____

Tel No.: (Office) _____ (Resident) _____ (Fax) _____

(Cell phone) _____

E-mail Address: _____

III. FAMILY PARTICULARS

Spouse

Name: _____ Chinese Character: _____ Sex: _____
(Underline family name) (if applicable)

Date of Birth: _____ Place of Birth: _____ Occupation: _____

Nationality: _____ Race: _____

Children

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

Parents

Father/mother's Name: _____

Address: _____

Occupation: _____

Next of Kin (if single)

Name: _____ Relationship: _____

Address: _____

Tel No.: (Office) _____ (Resident): _____

(Cell Phone) _____

IV. EDUCATION

School _____ Period _____ Highest Exam Passed _____

University/College _____ Period _____ Degree Awarded _____

Theological College _____ Period _____ Degree Awarded _____

V. EMPLOYMENT *(Past or Present)*

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

VI. CHURCH MEMBERSHIP

Name & Address of Home Church: _____

Pastor in charge: _____

Baptism: _____ When _____ Where _____

Confirmation: _____ When _____ Where _____

Ordination: Yes No When _____ By _____(church)

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

VII. FINANCE

State Scholarship granting Agency: _____

Self Support? _____

VIII. HOUSING

Please indicate your housing requirement:

- | | | |
|---|--|----------|
| <input type="checkbox"/> Family Unit | a) Wisma STS 2-rooms apartment | RM 300/m |
| | b) Wisma STS 3-rooms apartment | RM 500/m |
| | c) Koinonia (Old building) 2-rooms apartment | RM 200/m |
|
 | | |
| <input type="checkbox"/> Hostel for single person | RM100/m (2 persons one room) | |

*IX. M. THEOL. APPLICANT ONLY (Please refer to M.Theol. handbook):

State your intended major field of study: _____

State another selected area besides major field of study: _____

X. SUPPORTING DOCUMENTS

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

1. *Copies of past education certificates.
2. *Official transcript from previous college, university, theological seminary.
3. *Recommendation: Use the form attached and makes copies, send directly to the Director of the Admission Committee.
 - a. From pastor of church which you attend regularly.
 - b. From the Head of the church.
 - c. From a principal or a lecturer/professor of the institution in which you have completed your last theological degree.
4. Statement of financial Support from supporting agency (for 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 1 copy for Malaysian, **7 copies for overseas applicants.**
7. *Copy of NRIC for Malaysians. For overseas applicants, a photocopy of all the pages of your passport.
8. *Report of medical examination by recognized General Medical Practitioner.

***Extra requirements for applicant of the Master of Theological Program:**

9. TOEFL results of 500 (computer based 173, internet based 63) or IELTS (Band score 5) for those whose undergraduate education was not done in English, and must be taken not more than 2 years before date of application.
10. A non-refundable application fee of RM40.00 or US\$10.00

Note: Application must reach STS no later than 1st November of each current year for admission in the following year; **for overseas applicants, not later than June 1.** For overseas applicants, allow 6 to 12 months for the approval of student visa application prior to commencement of study. The completed Application form can be sent in by fax, e-mail or post ordinary mail to:

The Director of the Admission Committee,
Sabah Theological Seminary,
P.O. Box 11925,
88821, Kota Kinabalu,
Sabah, Malaysia.

Fax: 60-88-232618

e-mail: admission@stssabah.org

PERSONAL TESTIMONY

How do you become a Christian? Use handwriting and use back of the page or extra paper 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

_____ 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:** _____

Address: _____

Tel: _____

Signature: _____ **Date:** _____

When completed, please send this recommendation directly to:

**The Dean of Studies
Sabah Theological Seminary,
P.O. Box 11925,
88821 Kota Kinabalu,
Sabah, Malaysia**

E-mail: admission@stssabah.org

**SABAH THEOLOGICAL SEMINARY
SEMINARI TEOLOGI SABAH**

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 of patient: (serious illness, infection, operation): _____

2. General Condition: _____

3. Weight: _____

4. Skin: _____

5. Ears: _____

6. Eyes: _____

7. Breast (female students): _____

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 Pharynx: _____

b) Teeth _____

c) Abdomen: _____

d) Stool: _____

13. Urinary System: _____

14. Nervous System:

a) Headaches: _____

b) Sleep: _____

15. General Remarks: _____

16. Vaccination and Inoculations: _____

Name of Examining Doctor: _____

Address of Examining Doctor: _____

Signature:

Date: