

MALAYSIA BAPTIST THEOLOGICAL SEMINARY

40 A-D, Mukim 17, Batu Ferringhi, 11100 Penang, Malaysia.

Tel: +604-8811245 / Fax: +604-8811995 Email: info.mbts@gmail.com Website: www.mbts.org.my

**Application Procedure and Process**

1. **Type of Program:**
2. *The Christian Vocation Program*

For those preparing themselves to enter full-time Christian Vocation.

1. *The Christian Studies Programs*

For those who do not testify to a call to enter the Christian vocation or full-time Christian ministry. Interested applicant may work toward either Diploma, Graduate Diploma, or Master of Christian Studies, depending on their educational level.

1. *Continue Theological Education (CTE)*

For those who have a first theological degree or are matured Christians with many years of full-time Christian vocation experiences.

1. *The Professional Skills Training Programs*

These programs do not require a basic theological degree for enrolment. Practical involvement in relevant field of study is expected.

1. **Application Procedure**

All documents should be submitted to the Registrar, by email (registraroffice.mbts@gmail.com) or by post. Academic year commences in January. Processing of application requires approximately 3 months (6 months for non-Malaysian applicant). Application will not be processed if any of the application documents is incomplete.

1. Complete the Application Form.
2. Write a testimony describing your conversion experience and your growth as a Christian (<500 words).
3. Write about your conviction being called into full-time Christian Vocation or, for part-time student, why you are interested in pursuing study at MBTS (<500 words).
4. Submit a photocopy certificates from previous educational achievements (theological and non-theological).
5. Summarize a Christian book that you have read recently (<750 words).
6. Submit a recent passport size photographs.
7. Pay RM100.00 application fee (non-refundable). Do not send cash. Payment can be made with cheque or money order (to “Malaysia Baptist Theological Seminary”). Alternatively, you may bank-in the amount. Please provide a record of transaction. Oversea applicant may contact us on how to submit the application fee.

|  |  |
| --- | --- |
| International Banking | Malaysia Banking |
| Bank: Malayan Banking BerhadAccount No.: 507 143 409 719Bank Address: Tanjung Bungah Branch 2C Azuria Business Centre,  Jalan Lembah Permai, Tanjung Bungah, 11200 Pulau Pinang, Malaysia.Beneficiary: Malaysia Baptist Theological SeminarySwift Code Ref.: MBBEMYKL | Bank: Account No.:Owner:  | CIMB Bank Berhad800 427 3936Malaysia Baptist Theological Seminary |

*\** ***MBTS Alumni Applying for CTE:*** *Complete only sections A-F and submit a one-page essay on reason for upgrading (<250 words).*

1. **Evaluation Procedure**
2. Once all documents, including Letters of Recommendation and Church Endorsement Letter, have been received, they will be submitted to the Faculty for review.
3. A decision on the application will be made, whether to approve, reject, or to be decided after an interview. Admission Letter will be issued to approved candidates. Students who need visa will be given instructions on this matter.
4. After receiving the Admission Letter, all residential students are to submit a Medical Examination Report (refer to sample in the appendix) prior to arrival on campus.
5. **Definition of Full-time / Part-Time Student**

The student’s status (full-time, part-time, modular…) has to be declared during application. Any change in status must be submitted in writing to the Academic Office. Whenever a change takes place, requirements and expectations will change as well.

1. A full-time student is normally present on campus during the academic week (Tuesday to Friday) for a minimum of 20 hours of classes and activities (including chapel, mentoring). He / she is also involved in Practical Education regularly.
2. A part-time student is one whose current vocational ministry, work commitment, or family commitment prevents him / her from giving full attention to academic studies (including modular and branch students).
3. **Accommodation**
4. There are male and female dormitories. Rooms are typically twin-sharing type.
5. The seminary does not provide family housing.
6. Residential students are automatically full-time students.



MALAYSIA BAPTIST THEOLOGICAL SEMINARY

40 A-D, Mukim 17, Batu Ferringhi, 11100 Penang, Malaysia.

Tel: +604-8811245 / Fax: +604-8811995 Email: info.mbts@gmail.com Website: www.mbts.org.my

#

**APPLICATION FORM (ENGLISH DEPT)**

|  |  |
| --- | --- |
| **A. Basic Information** *\* Remarks：Please mark [x]*  |  |
| i) | *Name* |  |
|  | Last / Family Name : |       |  |
|  | First & Middle Name : |       |  |
|  | Chinese (if applicable) : |       |  |
| ii) | *Personal Information* |
|  | Gender | [ ]  Male [ ]  Female |  |
|  | Date of Birth : |       |  |
|  | I/C No. (Malaysian) : |       |  |
|  | Passport No. (non-Malaysian) : |       |
|  | Nationality : |       |
|  | Possess any kind of long-term Malaysia visa : | [ ]  Yes (Specify type) |       | [ ]  No |
| iii) | *Contact* |
|  | Home Tel. : |       | Mobile Phone : |       |
|  | Email Address: |       |
|  | Address : |       |
|  |  |       |
| iv) | *Emergency Contact* |
|  | Name : |       |
|  | Mobile Phone : |       |
|  | Relationship : |       |

**B. Type of Program**

|  |  |  |
| --- | --- | --- |
| i) | *Type of Student* | [ ]  Full-Time [ ]  Part-Time [ ]  Modular [ ]  Distance Learning  |
|  |  |  |
| ii) | *Campus Location* | [ ]  Penang\* \* Apply to stay in dormitory? [ ]  Yes [ ]  No |
|  |  | [ ]  Klang Valley |
| [ ]  Other (please specify): |       |
|  |  |  |
| iii) | *Program Applied* |  |
|  | 1. | Christian Vocation : | [ ]  Bachelor of Theology (B.Th.) [ ]  Master of Divinity (M.Div.) |
|  | 2. | Christian Studies : | [ ]  Diploma in Christian Studies (Dip.C.S.) |
|  |  |  | [ ]  Graduate Diploma in Christian Studies (G.Dip.C.S.)  |
|  |  |  | [ ]  Master of Christian Studies (M.C.S.) |
|  | 3. | Continue Theological  | [ ]  Bachelor of Theology CTE (B.Th. CTE) [ ]  Master of Divinity CTE (M.Div. CTE) |
|  |  | Education (CTE) : | [ ]  Master in Pastoral Studies (M.P.S.) [ ]  Master in Youth Ministry (M.Y.M.) |
|  |  |  | [ ]  Master in Intercultural Studies (M.I.S.) |
|  | 4. | Professional Skills : | [ ]  Certificate in Christian Counseling [ ]  Diploma in Christian Counseling |
|  |  |  | [ ]  Certificate in Marriage & Family Studies |
|  | 5. | Other : | [ ]  Please specify: |       |
|  |  |  |  |
| iv) | *Intended Enrolment Semester* | [ ]  January [ ]  June*\** [ ]  September*\** Year |       |
|  | *Remarks: Enrolment during these semesters is subjected to MBTS’s approval as those enrolling in these semesters will miss the foundational courses offered in January. Lack of foundational courses might disqualify a student to enroll in courses with prerequisite and, hence, possibly causes him / her to take longer time to graduate.* |

**C. Family Background**

|  |  |  |
| --- | --- | --- |
| i) | *Status* | [ ]  Single [ ]  Married [ ]  Widowed |
|  |  | [ ]  Separated [ ]  Divorced [ ]  Divorced & Remarried |
| iii) | *For Separated / Divorced / Divorced & Remarried* |
|  | Date Separated / Divorced : |       | Date Remarried : |       |
|  | Reason for separation / divorce : |       |
|  |       |
| iii) | *Spouse’s Information (For Married)* |
|  | Name : |       |
|  | Mobile Phone : |       | Occupation : |       |
|  | Does your spouse support your decision to study in MBTS? [ ]  Yes [ ]  No |
|  | Will your family stay with you throughout your study at MBTS?\* [ ]  Yes [ ]  No |
|  | *\* Remarks: Only for non-local student studying at Penang campus. Applicant has to make own housing arrangement if the family is coming.* |
| iv) | *Children’s Information* |
|  | Name | Year of Birth | Gender  |
| 1. |       |       | [ ]  M [ ]  F |
| 2. |       |       | [ ]  M [ ]  F |
| 3. |       |       | [ ]  M [ ]  F |
| 4. |       |       | [ ]  M [ ]  F |
| 5. |       |       | [ ]  M [ ]  F |
| v) | *Parent’s Information* |
|  | Father’s Name : |       |
|  | Mobile Phone : |       | Occupation : |       |
|  | Mother’s Name : |       |
|  | Mobile Phone : |       | Occupation : |       |

**D. Education Background (Include both Christian and non-Christian; list secondary education onward)**

|  |  |  |
| --- | --- | --- |
| Year of Study | Certificate / Qualification Obtained | Name of School / Institute |
|       -       |       |       |
|       -       |       |       |
|       -       |       |       |
|       -       |       |       |
|       -       |       |       |
|       -       |       |       |

**E. Employment History (Include both ministry and secular; attach resume if necessary)**

|  |  |  |
| --- | --- | --- |
| Year of Service | Position | Name of Company / Organization |
|       -       |       |       |
|       -       |       |       |
|       -       |       |       |
|       -       |       |       |
|       -       |       |       |
|       -       |       |       |

**F. Information of Conversion & Church**

|  |  |
| --- | --- |
| i) | *Conversion* |
|  | Year of Baptism : |       |
| Church conducted the Baptism : |       |
| ii) | *Church which You Are a Member of or Attend Regularly* |
|  | Name of Church : |       |
| Address : |       |
|  |       |
| Attended since year : |       | Are you a member of this Church? [ ]  Yes [ ]  No |
| iii) | *Ministries / Activities* |
|  | Position in Church : |       |
|  | Church / Christian organization ministries / activities involved in the last 2 years : |
|  |       |
|  |       |
|  |       |
|  |       |

**G. Church Consensus**

|  |  |
| --- | --- |
| 1. | Have you informed your church pastor / leader about your application? [ ]  Yes [ ]  No |
| 2. | Have they approved your plan? [ ]  Yes [ ]  No |
| 3. | Are you planning to enter full-time Christian ministry? [ ]  Yes [ ]  No |
| 4. | If you are, have your church pastor / leader affirmed your calling? [ ]  Yes [ ]  No |
|  | *\* Remarks: Those not entering full-time Christian ministry need NOT answer this.* |
| 5. | Upon completion of study, do you plan to return to your country to serve as full-time minister? (For International Student only) |
|  | [ ]  Yes (not required to provide reason) [ ]  No [ ]  Not sure |
|  | Reason : |       |
|  |  |       |

**H. Medical Question**

1. Are you currently taking medications of any form?

[ ]  No [ ]  Yes (Please specify the name of medication and dosage)

|  |
| --- |
|       |
|       |

1. Have you any previous significant medical / emotional problem, allergies, infectious diseases or hospitalizations?

[ ]  No [ ]  Yes (Please provide detail)

|  |
| --- |
|       |
|       |

1. Do you think you have any medical / emotional problem that might adversely influence or affect your intended studies?

[ ]  No [ ]  Yes (Please provide detail)

|  |
| --- |
|       |
|       |

1. Have you undergone any medical / psychological examinations or consultations in the last 4 months?

[ ]  No [ ]  Yes (Please provide detail)

|  |
| --- |
|       |
|       |

**I. References**

List five persons who are willing to be your referee (family members are not allowed, even if the person fulfils the listed criteria). Letter of Recommendation (LoR) will be sent to each individual via email. In the event that the person is not reachable by email, LoR will be posted to the address given (please provide postal address instead of email address). Of the five:

1. Two should be your church leaders (include your pastor); *applicant of CTE to list name of two ex-lecturers*.
2. A former or current employer; *applicant of CTE to list name of pastor/ church leader*.
3. Two Christian friends who have known you for at least three years.

An Endorsement Letter shall be sent to you. Please print it out and have leaders who represent your church / organization endorse it with official stamp.

*Reference 1*

|  |
| --- |
| Title [ ]  Mr. [ ]  Mrs. [ ]  Ms. [ ]  Rev. [ ]  Pr. [ ]  Dr. [ ]  Other (please specify)       |
| Name : |       |
| Email : |       |
|       |
| How is the person related to you?  |       |

*Reference 2*

|  |
| --- |
| Title [ ]  Mr. [ ]  Mrs. [ ]  Ms. [ ]  Rev. [ ]  Pr. [ ]  Dr. [ ]  Other (please specify)       |
| Name : |       |
| Email : |       |
|       |
| How is the person related to you?  |       |

*Reference 3*

|  |
| --- |
| Title [ ]  Mr. [ ]  Mrs. [ ]  Ms. [ ]  Rev. [ ]  Pr. [ ]  Dr. [ ]  Other (please specify)       |
| Name : |       |
| Email : |       |
|       |
| How is the person related to you?  |       |

*Reference 4*

|  |
| --- |
| Title [ ]  Mr. [ ]  Mrs. [ ]  Ms. [ ]  Rev. [ ]  Pr. [ ]  Dr. [ ]  Other (please specify)       |
| Name : |       |
| Email : |       |
|       |
| How is the person related to you?  |       |

*Reference 5*

|  |
| --- |
| Title [ ]  Mr. [ ]  Mrs. [ ]  Ms. [ ]  Rev. [ ]  Pr. [ ]  Dr. [ ]  Other (please specify)       |
| Name : |       |
| Email : |       |
|       |
| How is the person related to you?  |       |

**J. Financial Resources**

i) Estimated financial cost **annually**.

*\*This is an estimation, subject to change without prior notice.*

|  |  |  |
| --- | --- | --- |
|  | Items | Cost (RM) |
| 1. | Student fee | 200 |
| 2. | Tuition fee (base on 40 credits)(Bachelor / Diploma level: RM80/credit; total RM3,200)(Master level: RM120/credit; total RM4,800) | 3,200 or 4,800 |
| Residential Student |
| 3. | Accommodation (dormitory; include basic utilities)(RM200 monthly × 12 months) | 2,400 |
| 4. | On campus weekday meals (meals are not be provided during term break) | 2,000 |
| 5. | Personal accident insurance | 50 |
| International Student Who Requires Student Visa |
| 6. | Visa application | 1,500 |
|  | **ESTIMATED TOTAL COST PER YEAR** |       |
| *\*\* Other expenses* *i) MBTS Application Fee (one-time only): RM100**ii) Weekend practicum (transportation, meal, pocket money, etc): RM200 monthly × 10 months = RM2,000**iii) Meals during non-academic weeks: RM2,000* |
|  |

 ii) You must clarify your fund / financial source during study.

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Church Support | RM |       | [ ]  lump sum [ ]  per year [ ]  per month |
| [ ]  Spouse Support | RM |       | [ ]  lump sum [ ]  per year [ ]  per month |
| [ ]  Family Support | RM |       | [ ]  lump sum [ ]  per year [ ]  per month |
| [ ]  Own Saving | RM |       | [ ]  lump sum [ ]  per year [ ]  per month |
| [ ]  Others | RM |       | Specify source: |       |

*\* Remarks: During application, MBTS will NOT promise work grant to applicant. Therefore, work grant cannot be listed as applicant’s fund / financial source.*

**K. Agreement to Abide by the Rules of MBTS**

|  |  |  |
| --- | --- | --- |
| I, |       | hereby agree to the *Statement of Faith* (refer to the |
| Academic Catalog) and abide by the code of conduct expected of all students of Malaysia Baptist Theological Seminary, Penang if I am accepted as a student. I agree that MBTS has the absolute discretion to take disciplinary action, including expulsion, in the event that, in the opinion of MBTS, I have conducted myself in a manner contrary to the code of conduct or in any way prejudicial to the interest or reputation of MBTS. |
| Signature(Not required fore-submission) |  |  | Date |       |

***Appendix***

\* After receiving formal approval from MBTS, all residential students are to submit a Medical Examination Report prior to arrival on campus. The Medical Examination Report must include at least the following items (additional examination items are welcomed):

|  |  |  |
| --- | --- | --- |
| 1.  | Any past medical complication? [ ]  No [ ]  Yes |       |
| 2. | Any family medical complication? [ ]  No [ ]  Yes |       |
| 3. | Any current medical complication? [ ]  No [ ]  Yes |       |
| 4. | General Examination: |  |
|  | a) Pulse |       |
|  | b) Blood Pressure |       |
|  | c) Vision | Uncorrected |       | Right |       | Left |
|  |  | Corrected |       | Right |       | Left |
|  | d) Ear / Nose / Throat |       |
|  | e) Height |       |
|  | f) Weight |       |
|  | g) Eyes |       |
| 5. | Cardiovascular System |       |
| 6. | Respiratory System |       |
| 7. | Gastrointestinal System |       |
| 8. | Urogenital System |       |
| 9. | Locomotor System |       |
| 10. | Central Nervous System |       |
| 11. | Investigations: |  |
|  | a) Chest X-Ray |       |
|  |  |       |
|  | b) Blood Tests | (i) |       |
|  |  | (ii) |       |
|  |  | (iii) |       |
|  | c) Urine Test |       |
|  | d) Stool Test |       |
|  | e) Other Test |       |
| 12. | Remarks |       |
|  |  |       |
|  |  |       |