

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**

All documents should be submitted to the Registrar, by email (registraroffice.mbts@gmail.com) or by post. Processing of application could take up to 3 months. 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 why you are interested in pursuing study at MBTS (<500 words).
4. Submit a photocopy of your certificates from previous educational achievements (theological and non-theological), including transcripts (only theological).
5. Submit a recent passport size photograph.
6. 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 and provide a record of transaction:
	1. Bank: Malayan Banking Berhad

Owner: Malaysia Baptist Theological Seminary

Account No.: 507 143 409 719

* 1. Bank: CIMB Bank Berhad

Owner: Malaysia Baptist Theological Seminary

Account No.: 800 427 3936



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**APPLICATION FORM (PROFESSIONAL SKILLS)**

|  |  |
| --- | --- |
| **A. Basic Information** | Passport Size Photo |
| i) | *Name* |  |
|  | Last / Family Name : |       |  |
|  | First & Middle Name : |       |  |
|  | Chinese (if applicable) : |       |  |
| ii) | *Personal Information* |
|  | Gender | [ ]  Male [ ]  Female |  |
|  | Date of Birth : |       |  |
|  | Nationality : |       |  |
|  | I/C No. (Malaysian) /Passport No. (non-Malaysian) : |       |
| iii) | *Contact* |
|  | Home Tel. : |       | Mobile Phone : |       |
|  | Email Address: |       |
|  | Address : |       |
|  |  |       |
| iv) | *Emergency Contact* |
|  | Name : |       |
|  | Mobile Phone : |       | Relationship : |       |

**B. Type of Program**

|  |  |
| --- | --- |
| 1. | [ ]  Certificate in Christian Counseling  |
| 2. | [ ]  Diploma in Christian Counseling |
| 3. | [ ]  Diploma in Holistic Child Development |
| 4. | [ ]  Other (please specify): |       |

**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 : |       |

**D. Education Background (list secondary education onward)**

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

**E. Current Employment**

|  |  |  |
| --- | --- | --- |
| 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. References**

List two persons who are willing to be your referee (non-family members). A Letter of Recommendation (LoR) will be sent to each individual via email.

*Referee 1*

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

*Referee 2*

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

**H. 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: |       |