

METHODIST THEOLOGICAL SCHOOL

P. O. Box 78, 96007 SIBU
SARAWAK, MALAYSIA

Tel: 084-321409 Fax: 084-341409

Application for Admission (Pom Minta Masuk)

1. Filled form should forward to the Principal directly.
(Isi Pom tu lalu kirum nuju Kepala Sekula MTS.)
2. Delete where if not applicable.
(Tinggal ka enti enda beguna diisi.)

A) Personal Particulars (Penerang Diri):

Name(English): _____ (Chinese): _____

(Nama)

Sex: Male/Female

(Peneyempa: Lelaki/Indu)

Nationality: _____ I.C.No.: _____ (New) _____ (Old)

(Bangsa)

Date Of Birth: _____ Place Of Birth: _____

(Haribulan ada)

(Endor Ada)

Tel: _____ Fax: _____ E-mail: _____

Permanent _____

Address: _____

(Pendiau) _____

Present Address: _____

(Pendiau Diatu) _____

Marital Status: Single/Married

(Udah Bebini/Belaki)(Bujang/Dara)

B) Family Background (Penerang Pasal Sabilik):

Spouse's Name: _____ Date of Birth: _____

(Penama Bini)

(Haribulan Ada)

Career: _____

(Pengawa)

Children's name & Date of Birth:

(Penama Anak-Anak & Haribulan Ada)

Children's health condition or school arrangement:
(Pengarang Pasal Pengerai & Pelajar)

Parent/Guardian's Name: _____
(Nama Penyaga)

Parent/Guardian's address: _____
(Endor Diau)

Are family's members Christians?
(Kata samoa kita sabilik Keristian?)

C) Church Background & Spiritual Condition (Penerang Pasal Gereja & Pengidup Roh):

1. Denomination: _____
(Gereja)

2. Church's Name & Address: _____
(Gereja Menoa)

3. Date & Place of Baptism: _____
(Haribulan & Endor
Dibaptisa)

4. Date & Place of
Membership: _____
(Haribulan Nyadi Kaban)

5. List your experience in the church or para-church:
(Pengawa Dalam Gereja)

6. Hours of Bible study & prayer:
(Pengelama Belajar Bup Kudus & Besampi)

7. List the spiritual books that you have read in the past three years:
(Tulis ka penama Bup pasal pengawa Roh ke udah dibacha)

8. Personal Testimony (Use other paper to write a short testimony (about one thousand words on how you become a Christian)
(Tulis ka pasal saksi nuan nyadi orang Keristian alamsaribu leka jako, ngena siti keretas.)
9. Calling Witness (Use another paper to write a calling testimony with a length of one thousand words, on how God calls you into full-time ministry.)
(Tulis ka siti agi pasal nuan ngasai ka diri di kangau/panggil Allah Taala.)

D) Educational Background (Peninggi pelajar Sekula):

1.	Name of School (Nama Sekula)	Language taught (Jako Dikena)	Year & Date (Hb/Taun)	Standard (Peninggi)
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

2. Academic Result (Pemutus Peresa)

(I) MCE/SPM (Year: _____) (II) HSC/STP (Year: _____)

Subject (Subjek)	Results (Pemutus)	Subject (Subjek)	Results (Pemutus)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(III) Others (Please specify the details)
(Pelajar Bukai)

E) Working Experience (Pengawa Bukai ke udah Dikereja):

Employer (Endor Bekereja)	Type of Work (Kereja)	Period of employment (Pengelama Bekereja)
_____	_____	_____
_____	_____	_____
_____	_____	_____

F) Financial Information (Penerang Pasal Penatai Belanja):

1. Financial resource for training.
(Ari ni penatai belanja kena belajar)
-

2. If married, how is your family's financial need being arranged?
(Enti nuan udah belaki bebini, bakani nuan ngadu ka belanja sabilik)
-

3. If your parents depend on your financial support, how is your arrangement to meet their needs?
(Enti apai indai nuan berguna ka belanja bakani sida ditanggung)
-

G) Documents (Surat Surat):

1. One photostated copy of I.C., all academic records and certificates each.
(Photostat samoa surat pelajar sekula, baptisa, pengada & I.C.)
2. Medical examination form supplied by the school.
(Surat Pasal pengerai ari Doktor)
3. Church Pastor's recommendation letter.
(Surat sukong ari Paderi/Pengajar)
4. Two copies of recent passport size photos (within six months).
(Dua kepin gambar ke diambi alam kandang enam bulan)

H) Declaration (sanggup)

1. I assume the above information is correctly given.
(Aku ngaku samoa penerang ke diberi aku tu betul)
2. I am willing to accept and obey all the rules and regulations of the school, if accepted.
(Aku besemaya nitih sereta ngereja nunda ka ator Sekula, enti aku diterima)

Signature of Applicant (Sain Nuan): _____

Date(Haribulan): _____

METHODIST THEOLOGICAL SCHOOL
RECOMMENDATION FORM

A. Personal (Pastor in charge)

Name : _____ (Chinese) _____ (English) Sex: _____

Church you serve : _____

Address: _____

Phone : _____ (O) _____ (H) _____ (H/P)

Applicant's Name: _____ (Chinese) _____ (English) Sex: _____

Relationship with the applicant: _____

B. General

1. How long, how well and under what circumstances have you known the applicant?

1-2 yrs 3-4 yrs 5-6 yrs 7-9 yrs 10 yrs or above

2. Does the applicant give a definite witness to Christian conversion?

3. Please comment on the applicant's sense of calling to Christian ministry.

4. How well is the applicant motivated to pursue theological studies?

Enthusiastically Strongly Fairly Strongly With Reservation

Reason(s): _____

5. What has been the applicant's record as a participating church member?

6. How do you recommend the applicant to Methodist Theological School? Please circle the response that best describes your feelings and share your reasons for that response:

Enthusiastically Strongly Fairly Strongly With Reservation

Reason(s): _____

7. If the applicant is married, give a brief description about his / her family condition or life.

D. Conduct Evaluation

	Comments
MOTIVATION <input type="checkbox"/> Highly motivated <input type="checkbox"/> Effectively motivated <input type="checkbox"/> Usually purposeful <input type="checkbox"/> Passively motivated <input type="checkbox"/> Purposeless	
INITIATIVE <input type="checkbox"/> Creative <input type="checkbox"/> Consistently self-reliant <input type="checkbox"/> Frequently initiates <input type="checkbox"/> Seldom initiates <input type="checkbox"/> Merely conforms	
WORK COMPLETION <input type="checkbox"/> Consistently <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom	
INDUSTRY <input type="checkbox"/> Seeks additional work <input type="checkbox"/> Prepares assigned work <input type="checkbox"/> Needs constant prodding <input type="checkbox"/> Seldom works even under pressure	
INFLUENCE & LEADERSHIP <input type="checkbox"/> Judgment and opinion respected <input type="checkbox"/> Contributing <input type="checkbox"/> Co-operative <input type="checkbox"/> Retiring <input type="checkbox"/> Negative	
CONCERN & COURTESY FOR OTHERS <input type="checkbox"/> Deeply concerned <input type="checkbox"/> Generally concerned <input type="checkbox"/> Indifferent <input type="checkbox"/> Sometimes concerned <input type="checkbox"/> Self-centered	
RESPONSIBILITY <input type="checkbox"/> Very responsible <input type="checkbox"/> Conscientious <input type="checkbox"/> Usually dependable <input type="checkbox"/> Sometimes dependable <input type="checkbox"/> Unreliable	
CONSTRUCTIVE CONTRIBUTION <input type="checkbox"/> Highly <input type="checkbox"/> Consistently <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom	
SPIRITUAL GROWTH <input type="checkbox"/> Exceptional <input type="checkbox"/> Steady <input type="checkbox"/> Spasmodic <input type="checkbox"/> Stagnant <input type="checkbox"/> Backsliding	
COMMUNAL LIFE <input type="checkbox"/> Very participating <input type="checkbox"/> Co-operative <input type="checkbox"/> Fine <input type="checkbox"/> Passive <input type="checkbox"/> Individualistic	

C. Church Involvements

1. What activities does the applicant join in the church? How often?

2. What committee(s) or position(s) does the applicant hold in the church? For how long?

3. What are the strong point(s) of the applicant in his ministry and service to the church?

4. In what aspect(s) does the applicant need to improve in serving the Lord and the church?
(e. g. skill, attitude,)

5. What spiritual gift(s) can you identify for the applicant?

6. How is the applicant's attitude toward / relationship with:

a) the pastor of his church: _____

b) the church leaders

Annual conference level: _____

District conference level: _____

Local conference level : _____

c) the church members: _____

7. What attention(s) should the school need to pay to the applicant in the course of training?

F. Physical and Emotional

1. Has the applicant been subject to any physical or mental strain? If so, how did he / she cope?

2. Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant's work and witness. If you have noted any of the following or similar limitations in the candidate, please underscore and describe (in the space below) the form and intensity of such behavior.

Impatient, intolerant, argumentative, domineering, sullen, “cocky” or critical of others.
Easily embarrassed, offended, discouraged, depressed, or irritated.
Frequently worried, anxious, nervous, or tense.
Prejudiced toward groups, races, or nationalities.
Given to exclusive and absorbing friendships.
Lacking in humor or in the ability to take a joke.

If the applicant seems relatively free from all such tendencies, check here. []

G. Reference

If possible, list other qualified persons whom we can contact further appraisal of the applicant:

	<u>Name</u>	<u>Phone</u>	<u>Address</u>	<u>Relationship with the applicant</u>
1.	_____	_____ (O)	_____	_____
	_____	_____ (H)	_____	_____
2.	_____	_____ (O)	_____	_____
	_____	_____ (H)	_____	_____

H. Other Comments / Suggestions

Date: _____

Signature: _____

Return to: The Chairperson
New Student Screening Committee
SCAC BOM / MTS
P.O.Box 78
96007 Sibul
Sarawak, Malaysia

Contact: Phone: 084 – 321409
Fax : 084 – 341409
E-mail: mtssibu@tm.net.my

卫理神学院

METHODIST THEOLOGICAL SCHOOL

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Tel: 084-321409 Fax: 084-341409

<http://www.mtssibu.edu.my>

Medical Examination Form

(to be submitted with Application for Admission)

Name : _____ Date of Birth : _____

Address : _____

1. Medical history of patient (serious, illnesses, infections, operations) _____
2. General Condition _____
3. Weight _____
4. Skin _____
5. Ears _____
6. Eyes _____
7. Breasts (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 Ray required) _____
c. X-Ray _____
12. Alimentary System
a. Mouth and Pharynx _____ b. Teeth _____
c. Abdomen _____ d. Stool _____
13. Urinary System _____
Urine Test _____
14. Nervous System _____
Headaches _____ Sleep _____
15. General Remarks _____
16. Vaccinations and Inoculations _____

Name of Examining Doctor: _____

Address of Examining Doctor: _____

Signature: _____ Date: _____

Dental Examinations Form

I have examined _____ and certify that his/her mouth is free from dental caries.

Dentist's Signature: _____ Date: _____