MBTS Logo

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](mailto:info.mbts@gmail.com) Website: www.mbts.org.my

**Postgraduate School Application Procedure and Process**

1. All documents should be typed written and submitted to the Postgraduate School Office, by email to doctoral@mbts.org.my. **Application will not be processed if any of the following application documents are incomplete**.
2. Completed Application Form (typed and not handwritten).
3. Write a testimony describing your conversion experience and conviction being called into full-time Christian vocation (< 1,000 words).
4. All academic records (certificates and transcripts) from tertiary education onward.
5. Written approval from the church/organization supporting the applicant’s studies, including financial assistance (if applicable) and confirmation of sufficient time for study.
6. A sample research paper (minimum 10 pages) previously submitted during master’s level studies.
7. A 3000-word essay, typewritten and double-spaced, describing the applicant’s (a) calling and gifts for ministry, (b) goals for the program and proposed area of research, (c) adjustments needed for successful study, and (d) plans for self-development in Spiritual Formation.

g) Pay a non-refundable Application Fee of RM100 (Malaysians & Developing Countries nationality) or

USD50 (Developed Countries nationality) via one of the following methods (do not send cash through

postal service):

* 1. Pay cash at the Finance Office.
  2. Deposit the amount into one of the bank accounts below and provide the record or receipt of transaction. Applicants using wire transfer (TT) needs to pay an additional USD40 to cover the remittance taxes and bank charges. Overseas applicants can check with us before making payment.

Local & International Banking

Bank: CIMB Bank Berhad

Bank Address: G-29 & 30, Jalan Fettes, Prima Tanjung Business Centre,

11200 Tanjung Tokong, Penang, Malaysia.

Bank Account No.: 800 427 3936

Beneficiary: Malaysia Baptist Theological Seminary

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

Beneficiary Contact No.: + 604 8811078

Swift Code Ref.: CIBBMYKL / CIBBMYKLXXX

Local Banking

Bank: Malayan Banking Berhad

Account No.: 507 143 409 719

Beneficiary: Malaysia Baptist Theological Seminary

* 1. Make the payment via TransferWise (<https://transferwise.com/invite/u/cheowc13>). Applicant using this service needs to pay an additional USD10 to cover bank charges.

1. All applicants will go through an interview with the Dean of Postgraduate Studies.
2. Processing an application may take up to 6 months, depending on the response time from referees and the completion of all necessary documents. Therefore, the applicant must complete the entrance exam within this period.
3. Obtain the “Guide to Preparation for Entrance Exam” and schedule the exam date with the Postgraduate School Office. The exam must be completed within 4 months from the date the Application Form is received. *\*This is not applicable to the Master of Theology applicants.*
4. While awaiting admission confirmation, applicants may register for a maximum of 2 courses within

one year of submitting the Application Form. In such cases, applicants must pay a non-refundable

annual student fee of RM200. This fee is valid from the date the applicant registers for a course.

6. If the exam results are satisfactory, the applicant will receive an official letter of admission.

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**POSTGRADUATE SCHOOL APPLICATION FORM (ENGLISH DEPT.)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| Doctor of Philosophy | Doctor of Ministry | Doctor of Missiology |
| Doctor of World Christianity | Master of Theology |  |

**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: |  | | | | | | |
| v) | *Children’s Information* | | | | | | | |
|  | Name | | | | | Year of Birth | | Gender |
| 1. |  | | | | |  | | M  F |
| 2. |  | | | | |  | | M  F |
| 3. |  | | | | |  | | M  F |
| 4. |  | | | | |  | | M  F |
| 5. |  | | | | |  | | M  F |

**D. Education Background (Tertiary education onward, starting with the most recent)**

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

**E. Secular Employment History (Starting with the most recent, attach resume if necessary)**

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

**F. Personal Christian Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| *Church which You Are a Member of* | | | |
| Name of Church: |  | | |
| Denomination: |  | | |
| Address: |  | | |
|  |  | | |
| Name of Pastor: |  | | |
| Mobile Phone: |  | Email Address: |  |

**G. Vocational Religious Work History (Starting with the most recent, attach resume if necessary)**

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

**H. Financial Status**

|  |
| --- |
| Describe plans for financing your study: |
|  |
|  |

**J. Medical Questions**

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)

|  |
| --- |
|  |

**K. References**

*\* Remarks: MBTS graduates within 5 years may skip this section.*

List three persons who are willing to be your referee (non-family members). A Letter of Recommendation (LoR) will be sent to each individual via email. If a referee is not reachable by email, a trusted representative should be appointed to act on behalf of the referee.

1. A faculty member of the seminary from which you graduated.
2. A pastor / church leader of the church where you are a member / serving.
3. A colleague in ministry.

*Referee 1*

|  |  |  |
| --- | --- | --- |
| Title  Mr.  Mrs.  Ms.  Rev.  Pr.  Dr.  Other (please specify) | |  |
| Name: |  | |
| Email: |  | |
| Background: |  | |

*Referee 2*

|  |  |  |
| --- | --- | --- |
| Title  Mr.  Mrs.  Ms.  Rev.  Pr.  Dr.  Other (please specify) | |  |
| Name: |  | |
| Email: |  | |
| Background: |  | |

*Referee 3*

|  |  |  |
| --- | --- | --- |
| Title  Mr.  Mrs.  Ms.  Rev.  Pr.  Dr.  Other (please specify) | |  |
| Name: |  | |
| Email: |  | |
| Background: |  | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| By submitting this Application Form, I, the applicant, 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. | | | | |
| Date : |  |  |  |  |