## **BIBLE COLLEGE OF MALAYSIA**

99 Jalan Gasing, 46000 Petaling Jaya, Selangor Darul Ehsan, Malaysia Telephone: 03-79565529 / 79565012 Fax: 03-79562326 E-mail: registrarbcm@gmail.com Website: bcm.org.my

## **APPLICATION FOR ADMISSION (ALUMNI)**

			FOR OFFICE USE ONLY				
			Date received:				
			Date of interview:				
			Date of enrolment:				
PL	EASE INDICATE:	☐ Full Time (Resid	ential)	n Residential)			
		Non Full Time					
IN	DICATE 🗵 TO THE F	ROGRAM YOU ARI	E APPLYING FOR:				
	DIPLOMA OF THEOLOG	GY	☐ MASTER OF BIBLICAL S	STUDIES			
	BACHELOR OF THEOL	OGY	☐ MASTER OF MINISTRY				
	☐ MASTER OF LEADERSHIP DEVELOPMENT ☐ MASTER OF DIVINITY						
1.	Full Name as in I.C.:						
2.	Current Address:						
3.	H/P:						
	Tel: (O)						
	Tel: (H)						
	Fax:						
	Email:						
4. Mailing Address (if different from current address):							
••	112011111g 12001200 (9 009)						
5.	Date of birth: /	/					
٥.	Day / M	onth / Year					
	Gender:						
	Citizenship: Race:						
_	N. ICN						
6.	New I.C. No.:						
7.	Marital status:	Single	Married	☐ Widowed			
		Separated * Remarried, if so state	Divorced				
	* BCM accepts divorced stu		•	als would not be granted by the			
	<ul> <li>BCM accepts divorced students who are remarried but AG applicants need to note that credentials would not be granted by the General Council. Applicants from other denominations are advised to check with their leadership.</li> <li>BCM reserves the right to decline enrolment.</li> </ul>						
	DOM reserves the right to	decine enforment.					
8.	If married, give spouse	's name:					
	Spouse's occupation:						

Name		Age	
10. List in chronological order all school	s, colleges and/or universities a	ttended.	
School and Place	Dates Attended	Certificate/Degree	
11. Present Home church:			
Denomination:			
Tel:			
Email :			
12. Do you hold A/G Ministerial Credentia  Ordained Licensed	als?	Exhorter Christian W	Za <b>ul</b> rau
If non-Assemblies of God:- i) Which denomination/church?	Special Exhibites	Exhibitei Christian w	OIKEI
ii) What credentials do you hold?			
ii) what credentials do you hold:			
13. Ministry/Working Experience (If you a	are a lay leader,state ministry ii	nvolvement):	
Church/ Organisation	Position	Duration	
14. If accepted into BCM, who will be sup address of your sponsor.  Name:	oporting you financially while y	ou are in BCM? Give the name and	d
Address:			

9. If you have children, give their names and ages:

## CHARACTER REFERENCE

Please give two (2) character references. Your referees should not be related to you and have known you for at least two years.

	a) \	Your Senior Pa	astor / Division Supervisor / District Superintendent. (If he/she is your immediate				
	f	family member	r, your referee should be another minister.)				
	Name:						
	Position:						
	A	ddress:					
	Te	el:	(O)				
	Te	el:	(H)				
	Н	/P:					
	E	mail :					
	b) .	A fellow minis	ster or lay leader				
	N	Name :					
	Po	osition:					
	A	ddress:					
	T	el:	(O)				
	T	el:	(H)				
	Н	/P:					
	Eı	mail:					
	I dec	lare that the in	iformation provided in support of my application is correct and complete.				
		N					
		Nar	me of Applicant				
	Da	ite:					
I ha	ve enc	elosed: (Please	e indicate 🔀)				
1. 2. 3. 4. 5. 6.		Endorsement Two Charact Medical Forn Bank paymen	ze photograph in jpg format Letter from the church on Spiritual Covering and Financial Support er Reference Forms ( <i>Referee to email the form directly to Registrar</i> ) m (for full time application only) nt slip of RM100.00 (non-refundable) for application. Payable to BIBLE COLLEGE OF , Public Bank account 3126997726				

Please note that all of the above items MUST be received BEFORE your application can be evaluated by the Admissions Committee. You are required to attend a personal interview with the Admissions Committee. *Mailing address:* 

To Registrar via email: registrarbcm@gmail.com (You are encouraged to email instead of sending via normal mail) or To Registrar via courier service or registered mail: 99 Jalan Gasing, 46000 Petaling Jaya,
Selangor Darul Ehsan, Malaysia