



**TRINITY THEOLOGICAL COLLEGE**  
 490 Upper Bukit Timah Road, Singapore 678093  
 Tel: 65-67676677 Fax: 65-67676477  
 Email: registrar@ttc.edu.sg

**SUPPORTING DOCUMENTS**  
**Strictly Confidential**

**APPLICATION FOR ADMISSION**

**NAME of APPLICANT:** \_\_\_\_\_ **Programme:** \_\_\_\_\_

**For MTh / DTh applicant, please indicate your area of concentration (OT, NT, Theology, Church History, Pastoral Theology):** \_\_\_\_\_

**Please check (V) for supporting document(s) enclosed for submission.**

check v	Items	Office Use
	<b>For Singaporean / Singapore PR applicants:</b> a photocopy of your NRIC. <b>For overseas applicants:</b> a photocopy of the first 2 pages of your passport, and a photocopy of your Identification Card.	
	1 recent (within last 3 months) Passport size photograph	
	A recent MEDICAL EXAMINATION by a qualified medical doctor (use TTC form)	
	A certified true copy* of Baptism Certificate. If this is unavailable, please request your current pastor to write a letter to certify that you have been baptized and/or confirmed.	
	A certified true copy of GCE 'A' Level <b>Transcript</b> or Diploma <b>Transcript</b> , and a certified true copy of <b>Certificate</b> .	
	<b>For MDiv/MTS and Advanced Degree applicants:</b> (1) An official <b>Transcript</b> to be sent directly by your institution to the Registrar's Office, Trinity Theological College, and (2) a certified true copy* of the <b>Certificate</b> of your highest education of your previous School(s) (i.e. College, University and Theological Seminary).	
	<b>English Proficiency</b> for English programme applicants whose medium of instruction in school is <b>not in English</b> . (Mark "X" under check if you do not need to submit.)	
	Write in your own words (300/400 words) your purpose in applying to Trinity Theological College and your expectation upon completion of the degree.	
	<b>For Basic programme applicants:</b> Write a personal testimony of (1) how you became a Christian (400 to 500 words) and (2) how you believe that you have been called by God into the Christian ministry (400 to 500 words).	
	<b>MTh, MLitt and DTh applicants:</b> Submit an academic research paper (12-15 pages A4 size) in the area of your concentration for assessment. <b>State in 300/400 words why you have chosen the particular area of concentration.</b>	
	<b>MLitt and DTh applicants:</b> Submit a Provisional Research Proposal.	
	<b>For BD/MDIV applicants:</b> A letter of endorsement from the church or denomination's ministerial /ordination committee. <b>For MTS/DipTS applicants:</b> A letter of recommendation/acknowledgement from the church pastor/minister. <b>For Advanced degree applicants:</b> A letter of endorsement from the church or denomination's ministerial /ordination committee, or if you are a faculty-in-development, a letter of endorsement from the principal of your sending theological institution.	
	TTC Form on Finance	
	A non-refundable application fee of S\$30.00 (or US\$26.00) [inclusive of GST] made payable to "Trinity Theological College" (local applicant by cheque or by ATM or Bank transfer to our DBS current account 033-017261-3 (please submit receipt), and international applicant by money order). Late application fee is S\$60.00 (or US\$52.00) [inclusive of GST]	

\*Certified True Copy: Official Stamp of a recognised and creditable organisation/church with authorised person's signature.

**Two Referee Forms** (see pages 7 to 10) to be filled out by two referees and sent by them directly to the Registrar's Office by post or by email to [registrar@ttc.edu.sg](mailto:registrar@ttc.edu.sg):

- 1) **A pastor or leader of your church who has known you for at least 3 years.**

Name of Referee: \_\_\_\_\_

Church: \_\_\_\_\_

- 2) **For Basic programme applicant:** a Christian other than family members or relatives who has known you for at least 3 years.

**For Advanced degree applicant:** the principal or a lecturer/professor of the institution in which you completed your theological degree.

Name of Referee: \_\_\_\_\_

Church/Institution: \_\_\_\_\_

I, \_\_\_\_\_ certify that all the information provided in the APPLICATION FORM FOR ADMISSION and supporting documents are true and accurate.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send this application cover page **TOGETHER** with all the supporting documents (except for University/Seminary transcript, Referee Forms and Language Proficiency Result) and payment to:

The Registrar's Office  
Trinity Theological College  
490 Upper Bukit Timah Road  
Singapore 678093

*Please note:*

- 1. The new academic year commences in the first week of July.*
- 2. International students are expected to arrive one week earlier to process their Student Pass.*
- 3. For Basic Programme: Request for transfer of credits will only be processed by the Registrar's Office upon acceptance into the programme applied and during the Registration session at Orientation. There is no automatic transfer of credits.*

Online Application and Supporting documents must reach the College no later than 31 January of the year the applicant wishes to enroll; and for residents in Singapore applying for Basic Programme, the due date is 28 February.

Interview will be conducted in Feb/Mar for international BD/MDiv applicants; and in Mar/Apr for local applicants.

Applicants will be informed by the end of April of the outcome of their application via email.

Applicant may write to [registrar@ttc.edu.sg](mailto:registrar@ttc.edu.sg) if you have any enquiry.

**THIS APPLICATION WILL BE PROCESSED ONLY AFTER AN ONLINE APPLICATION HAS BEEN SUBMITTED AND ALL THE REQUIRED SUPPORTING DOCUMENTS HAVE BEEN RECEIVED.**

CONFIDENTIALITY POLICY: All information provided by the applicant will be confidential and used solely for the purposes of application for admission and College's records.

**MEDICAL EXAMINATION**

**CONFIDENTIALITY POLICY**

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Name \_\_\_\_\_ (underline surname or family name)  
Date of Birth(dd/mm/yy)\_\_\_\_\_ Height \_\_\_\_\_m Weight \_\_\_\_\_kg  
Address \_\_\_\_\_

1. Medical History (mental/psychological problem, serious illness & infections, operations, hospitalisations):

\_\_\_\_\_  
\_\_\_\_\_

2. General Examination:

Eyes \_\_\_\_\_ ENT \_\_\_\_\_  
Skin \_\_\_\_\_ Lymph nodes \_\_\_\_\_  
Breasts (female students) \_\_\_\_\_  
Cardio-respiratory system: BP \_\_\_\_\_ Pulse rate \_\_\_\_\_  
Heart \_\_\_\_\_ Lungs \_\_\_\_\_  
Peripheral pulses \_\_\_\_\_  
Abdomen \_\_\_\_\_  
Nervous system \_\_\_\_\_

3. Investigations:

CXR report: \_\_\_\_\_  
Urine Labstix: Glucose \_\_\_\_\_ Protein \_\_\_\_\_ Blood \_\_\_\_\_ Others \_\_\_\_\_  
UFEME (when indicated) \_\_\_\_\_  
Blood Hemoglobin \_\_\_\_\_  
Hbs Antigen \_\_\_\_\_ Hb Antibodies \_\_\_\_\_  
VDRL & HIV (when indicated) \_\_\_\_\_

4. General remarks \_\_\_\_\_  
\_\_\_\_\_

**I certify that \_\_\_\_\_ has been examined by me and has no significant physical or mental illness that will adversely affect his/her studies.**

**Name of Examining Doctor (IN BLOCK LETTERS):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Clinic's Stamp & Address:** \_\_\_\_\_

**Date** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**MEDICAL EXAMINATION**

**CONFIDENTIALITY POLICY**

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Date of Birth(dd/mm/yy)\_\_\_\_\_ Height \_\_\_\_\_m Weight \_\_\_\_\_kg  
Address \_\_\_\_\_

1. Medical History (mental/psychological problem, serious illness & infections, operations, hospitalisations):

\_\_\_\_\_  
\_\_\_\_\_

2. General Examination:

Eyes \_\_\_\_\_ ENT \_\_\_\_\_  
Skin \_\_\_\_\_ Lymph nodes \_\_\_\_\_  
Breasts (female students) \_\_\_\_\_  
Cardio-respiratory system: BP \_\_\_\_\_ Pulse rate \_\_\_\_\_  
Heart \_\_\_\_\_ Lungs \_\_\_\_\_  
Peripheral pulses \_\_\_\_\_  
Abdomen \_\_\_\_\_  
Nervous system \_\_\_\_\_

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Urine Labstix: Glucose \_\_\_\_\_ Protein \_\_\_\_\_ Blood \_\_\_\_\_ Others \_\_\_\_\_  
UFEME (when indicated) \_\_\_\_\_  
Blood Hemoglobin \_\_\_\_\_  
Hbs Antigen \_\_\_\_\_ Hb Antibodies \_\_\_\_\_  
VDRL & HIV (when indicated) \_\_\_\_\_

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\_\_\_\_\_

**I certify that \_\_\_\_\_ has been examined by me and has no significant physical or mental illness that will adversely affect his/her studies.**

**Name of Examining Doctor (IN BLOCK LETTERS):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Clinic's Stamp & Address:** \_\_\_\_\_

**Date** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

## **Statement of Financial Support**

In order to be admitted into the College's program, overseas applicants are required to submit official documentation certifying they are financially able to cover all expenses while attending the study program, including all tuition, personal, medical and living costs.

If applicants cannot afford their own study expenses and are, instead, being sponsored by a family member, organisation or school, applicants are required to submit the letter from their sponsor along with all official documentation. The letter must bear the sponsor's original signature.

Upon acceptance into the College, new international students are required to pay one year of fees in advance. In the event that a student withdraws from the programme, the College will refund the fees paid in advance, provided the student notifies the College in writing before or not later than 14 days from the start of the new semester.

Registrar's Office  
Trinity Theological College  
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## STATEMENT OF FINANCIAL SUPPORT

Name of Student: \_\_\_\_\_

Course of Study : \_\_\_\_\_ Period of Study : \_\_\_\_\_

I am a **self-supported** student. I declare that I have sufficient financial resources to support the full course of study at TTC. I understand that should I be found by the College to be financially unable to finance my studies at any point, the College will have the discretion to terminate or defer my studies.

I have applied for scholarship : (Name of Scholarship) \_\_\_\_\_.  
Status :            approved            pending approval

I confirm that (Name of Sponsor) \_\_\_\_\_ has agreed to support the cost of my studies at TTC.

**Section to be completed by Sponsor :** (\* delete where applicable)

**I, \* the sponsor / on behalf of the sponsoring organisation, agree to commit financially to support the above-mentioned student.**

**I /we understand that we will be financially liable to pay the College any outstanding invoices related to the student sponsored.**

**The sponsorship will cover the following expenses (please ):**

**Tuition and other College Fees**

\* Full course of study / restricted to \_\_\_\_\_ years / \_\_\_\_\_ semesters

**Accommodation and Living Expenses**

- For Student only
- For Student and Family

**Allowances**

- Book Allowance
- Pocket Money
- Others : *(pls indicate)* \_\_\_\_\_

**International Student's Expenses**

- Student Pass and Visa related expenses
- Immigration Deposit (*refundable upon cancellation of student pass and return to home country*)
- Others : *(pls indicate)* \_\_\_\_\_

Signature of Sponsor / Authorised Signatory : \_\_\_\_\_

Name of Sponsor / Authorised Signatory : \_\_\_\_\_

Position of Authorised Signatory : \_\_\_\_\_

For and on behalf of : \_\_\_\_\_

*(please affix organisation's stamp)*

Date : \_\_\_\_\_

# BILLING INSTRUCTIONS

Name of Student: \_\_\_\_\_

Course of Study : \_\_\_\_\_

Period of Study : \_\_\_\_\_

I am a **self-supported** student. Please send the College invoice to me.

**\*\* Section to be completed by sponsor, if student receives external funding:**

The sponsorship fund will be paid to the student directly. The student will be responsible for the payment of fees to the College.

The sponsor will pay the College directly for the items indicated below. Other support, if applicable, will be given to the student directly. Please **email** the College bill to the following person:

Name : \_\_\_\_\_

Email Address : \_\_\_\_\_

Contact Number : \_\_\_\_\_

**For any clarifications, please contact :**

Name of Person : \_\_\_\_\_

Email : \_\_\_\_\_

**Please send an invoice for the following items :** (please )

**Tuition and other College Fees**

**Accommodation and Living Expenses** (on TTC Campus):

**For Student only**

On Campus Accommodation and Meals (During Term Time Mon-Fri excluding public holidays and term breaks)

- **Meal Allowance** paid to student during College vacation when meals are not provided : S\$105/week

<Mid-Term Break> Meal Allowance – 5 weeks per year

<End of Semester Vacation> Meal Allowance - 14 weeks per year

**For Student and Family**

Accommodation on TTC campus (meals not included)

Family Living Allowance (amount is in accordance to College's guidelines [rev Jan 2022])

Couple	Couple + 1 child	Couple + 2 children	Couple + 3 children
S\$900/mth	S\$1,100/mth	S\$1,300/mth	S\$1,500/month

Education Allowance for Student's children (S\$ \_\_\_\_\_ / mth – please indicate)

**Other Recommended Allowances** (amount is in accordance to College's guidelines)

**\*\* To be completed only if you plan for the College to administer the payment of allowances to the student**

**Book Allowance** (per semester)

\$550 – DTh / MTh                      S\$450 – BD / MDiv / MTS                      S\$450 – MMin

**Pocket Money** : S\$\_\_\_\_\_ per month (please indicate amount)

(S\$400 for students who stay on college campus; S\$500- S\$700 for students who stays out of college campus )

**International Student's Expenses**

Student Pass and Visa related expenses

Immigration Deposit (refundable upon cancellation of student pass and return to home country)

Others (pls indicate amount) \_\_\_\_\_

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**REFEREE FORM – ADVANCED DEGREE**

**CONFIDENTIALITY POLICY**

All information provided by the referee will be confidential and used solely for the purposes of application for admission and College's records.

Name of Applicant: \_\_\_\_\_ Programme: \_\_\_\_\_

Referee's Name: \_\_\_\_\_ Position or title: \_\_\_\_\_

Church/Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

- How long have you known the applicant, and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- How would you rate his/her mastery of the English language in relation to the demands of his/her study?

(This applies to applicants of both the English and Chinese Departments)

**Auditory comprehension:**  inadequate  satisfactory  very good

**Reading comprehension:**  inadequate  satisfactory  very good

**Oral expression:**  inadequate  satisfactory  very good

**Written expression:**  inadequate  satisfactory  very good



Please give a careful and confidential appraisal of the applicant's character and personality; emotional stability; general health; vocational clarity and commitment; academic ability, resourcefulness, and diligence for postgraduate study and research. (Please indicate known strengths and weaknesses)

- Do you recommend the applicant for the study

strongly

yes

not sure

no

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**REFEREE FORM – ADVANCED DEGREE**

**CONFIDENTIALITY POLICY**

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Name of Applicant: \_\_\_\_\_ Programme: \_\_\_\_\_

Referee's Name: \_\_\_\_\_ Position or title: \_\_\_\_\_

Church/Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

- How long have you known the applicant, and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- How would you rate his/her mastery of the English language in relation to the demands of his/her study?

(This applies to applicants of both the English and Chinese Departments)

<b>Auditory comprehension:</b>	<input type="checkbox"/> inadequate	<input type="checkbox"/> satisfactory	<input type="checkbox"/> very good
<b>Reading comprehension:</b>	<input type="checkbox"/> inadequate	<input type="checkbox"/> satisfactory	<input type="checkbox"/> very good
<b>Oral expression:</b>	<input type="checkbox"/> inadequate	<input type="checkbox"/> satisfactory	<input type="checkbox"/> very good
<b>Written expression:</b>	<input type="checkbox"/> inadequate	<input type="checkbox"/> satisfactory	<input type="checkbox"/> very good

Please give a careful and confidential appraisal of the applicant's character and personality; emotional stability; general health; vocational clarity and commitment; academic ability, resourcefulness, and diligence for postgraduate study and research. (Please indicate known strengths and weaknesses)

- Do you recommend the applicant for the study

strongly

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_