**Sekolah Tinggi Theologia Abdiel**

**PROGRAM MAGISTER MUSIK GEREJA**

Pas Foto

4 X 6

Formulir Pendaftaran No. Formulir . . . . . . . . . . .

**DATA PRIBADI**

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| Nama Lengkap |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | L/P |

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| Nama Panggilan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Tempat Lahir  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Tanggal Lahir  | Tanggal |  |  | Bulan |  |  | Tahun |  |  |  |  |

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| Alamat Rumah |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Kota |  |  |  |  |  |  |  |  | Propinsi |  |  |  |  |  |  |  |  |  | Kode Pos |  |  |  |  |  |

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| Alamat Kantor |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Kota |  |  |  |  |  |  |  |  | Propinsi |  |  |  |  |  |  |  |  |  | Kode Pos |  |  |  |  |  |

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| Telepon Rumah |  |  |  |  |  |  |  |  |  |  |  | Telepon Kantor |  |  |  |  |  |  |  |  |  |  |  |

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| HP |  |  |  |  |  |  |  |  |  |  |  |  |  | Email |  |

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| No.KTP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Golongan Darah  |  |  |

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| Status Pernikahan |  |  | Lajang |   |  | Menikah |  |  | Janda/Duda |  |  | Pisah |  |  | Menikah Lagi |

**GEREJA LOKAL**

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| Nama Gereja |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Tahun Baptisan  |  |  |  |  |

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| Alamat Gereja |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Kota |  |  |  |  |  |  |  |  | Propinsi |  |  |  |  |  |  |  |  |  | Kode Pos |  |  |  |  |  |

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| Denominasi  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Nama Lengkap Gembala Sidang |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | L/P |

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| Sudah Berapa Lama Menjadi Anggota? |  | < 6 bulan |  | < 1 tahun |  | 1-2 tahun |  | 2-4 tahun |  | 4 tahun |

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| Status Keanggotaan |  | Anggota |  | Aktivis |  | Pelayan Paruh Waktu |  | Pelayan Penuh Waktu |  | Gembala Sidang |

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| Apakah Bagian Pelayanan Anda?  |  |  |  |  |  |  |  |  |  |  |  | Sudah Berapa Lama? |  |  | Th. |  |  | Bln |

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| Pernah Menjadi Anggota di Gereja Lain? |  | Tidak |  | Ya, di Gereja  |  |  |  |  |  |  |  |  |  |  |  |  |

**PENDIDIKAN**

Pendidikan Formal

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| --- | --- | --- |
| Jenjang | Nama & Tempat Sekolah | Tahun |
| SD  |  |  |
| SMP |  |  |
| SMA |  |  |
| Perguruan Tinggi (1) |  |  |
| Perguruan Tinggi (2) |  |  |
| Perguruan Tinggi (3) |  |  |

Pendidikan Non-Formal

|  |  |  |
| --- | --- | --- |
| Jenis | Nama & Alamat Kursus, Lokakarya & Lain-lain | Tahun  |
| Kursus |  |  |
| Seminar |  |  |
| Lokakarya |  |  |
| Lain-lain |  |  |

Penguasaan Bahasa Asing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bahasa  | Pemahaman | Percakapan | Membaca | Menulis |
| Bahasa Inggris | [ ] [ ] [ ]Baik Sedang Kurang | [ ] [ ] [ ]Baik Sedang Kurang | [ ] [ ] [ ]Baik Sedang Kurang | [ ] [ ] [ ]Baik Sedang Kurang |
| Bahasa . . . . . . . . .  | [ ] [ ] [ ]Baik Sedang Kurang | [ ] [ ] [ ]Baik Sedang Kurang | [ ] [ ] [ ]Baik Sedang Kurang | [ ] [ ] [ ]Baik Sedang Kurang |
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**LAIN-LAIN**

Pengalaman Organisasi

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| Nama Organisasi | Kota | Jabatan | Tahun |
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Penghargaan yang Pernah Diterima

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| Bidang | Diberikan oleh | Tahun |
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Riwayat Medis

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| --- | --- | --- |
|  | Ya/Tidak | Sebab |
| Apakah Saudara pernah dirawat inap di rumah sakit? |  |  |
| Apakah Saudara sedang menjalani perawatan medis? |  |  |

Biaya Studi

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| Sumber biaya selama mengikuti program studi ini: |  | Pribadi |  | Gereja |  | Lainnya ……………………. |

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**PENGALAMAN PELAYANAN KRISTEN**

 (Untuk 4 poin di bawah ini, gunakan lembar tersendiri)

* Tuliskan dengan singkat pengalaman kekristenan Saudara yang mencakup: sebelum dan sesudah diselamatkan oleh dan di dalam Yesus; pengalaman yang benar-benar menjadi *turning point* dalam hidup Saudara (benar-benar mempengaruhi kehidupan).
* Tuliskan pengalaman pelayanan Kristen, baik di gereja, maupun di lembaga Kristen lainnya.
* Uraikan dengan singkat visi hidup pribadi Saudara.
* Jelaskan motivasi dan tujuan Saudara mengikuti Program Pasca Sarjana ini.

**Kondisi Darurat**

Orang yang dapat dihubungi dalam keadaan darurat.

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| Nama Lengkap |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | L/P |

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| Kota |  |  |  |  |  |  |  |  |  |  | Propinsi |  |  |  |  |  |  |  |  |  | Kode Pos |  |  |  |  |  |

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| Telepon Rumah |  |  |  |  |  |  |  |  |  |  |  | Telepon Kantor |  |  |  |  |  |  |  |  |  |  |  |

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| Hubungan dengan Pendaftar |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Umur |  |  | Th. |

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Tanda Tangan Pendaftar Tanggal, \_\_ / \_\_ / \_\_\_\_\_

* Kampus STT Abdiel

Sekolah Tinggi Theologia Abdiel

Jl. Diponegoro 233 Ungaran

Telp. (024) 692-2050

Fax. (024) 921-440

Pasca Sarjana Sekolah Tinggi Theologia Abdiel