

CONTINUATION OF STUDY FOR IN-CLASS STUDENTS REGISTRATION FORM

CONTACT DETAILS

First Name _____ Middle Name _____ Last Name _____

Address _____

Suburb _____ State _____ Postcode _____ Country _____

Home Phone (____) _____ Mobile Phone (____) _____

Email _____

COURSE DETAILS

Please select the course you are applying to enrol in
 Certificate IV in Christian Ministry & Theology (one year*)
 Diploma of Christian Ministry & Theology (two years*)
 Advanced Diploma of Christian Ministry & Theology (three years*)

Your preferred method of study
 Fulltime Part Time Online (wrong form, please complete the online form)

When do you plan to commence
 January 2012 April 2012 July 2012 October 2012

PERSONAL INFORMATION

Name of person we can contact in case of an emergency _____

Relationship to you _____ Home Phone _____ Mobile Phone _____

By signing this form you agree that the information provided to us is true and correct and that you accept and abide by all the College policies.

Signed _____ Date _____

OFFICE USE ONLY- TRACKING PATH

Application form signed Yes No

Interview Conducted Yes No Date Conducted _____ By _____

Letter of Acceptance issued Yes No Date Issued _____ By _____

CoE issued Yes No Date Issued _____ By _____