

College of Theological and Interdisciplinary Studies:

SHORT COURSE – 12 Weeks

STUDENT APPLICATION & REGISTRATION FORM

Name: _____ Date: _____

Course: Biblical Preaching Leadership Spiritual warfare Counselling

Preferred Modality: Online Face to Face Both (online & face to face)

Contact Information

Telephone: _____ (Home) _____ (work) _____ (cell)

Email Contact: _____

Residential Address: _____

Mailing Address (if different from above): _____

Church Information

Name of Church: _____

Address of Church: _____

Contact: Telephone _____ Email _____

Name of Pastor: _____

Area(s) of Active Ministry: _____

Please note you are not registered until payment is received for the course. Submit the completed form to our office with the required payment.

Please tick if you wish to receive more information on our various programmes of study

Applicant's Signature

Official Use Only

Application Approved Not approved

Payment received for course Yes No

Bursar/Registrar Signature