

## 2020 SHORT TERM COURSE APPLICATION

Personal Information			
Title		Marital Status	
First Name			
Last Name		Date of Birth	
Gender	M\F:	Country of Residence	

Contact Information	
Address Line 1	
Address Line 2	
Town/City	
Postcode	
Email	
Landline	
Mobile	

Educational Qualification			
Qualification	Awarding Body	Grade	Year Obtained

Current Church Membership (If any)		
Church/Organization Name	Your Position (If any)	Address

Program of Study (please tick as applicable)			
Leadership & Missions (12 weeks)	<input type="checkbox"/>	Premarital (5 weeks)	<input type="checkbox"/>

**\*Please note application fee and course fee is payable when enrolling. Please refer to Tuition fee schedule.**

Declaration		
Print Name	Signature	Date

<b>Approved by</b> <i>(Office use only)</i>			
<b>Name</b>	<b>Position</b>	<b>Signature</b>	<b>Date</b>
<b>Student No Assigned</b>			
<b>Comments:</b>			