

Registration Form:



WORLD HARVEST INSTITUTE STUDENT

Surname

First Name

Middle Name

(Full name as in Birth Certificate)

Mailing Address:

Telephone: _____ Mobile: _____

Email Address: _____

Fb. Address: _____

Program of Study *(Please Tick)*

_____ Short Term Theological Certificate (General Certificate)

_____ Advance Certificate of Theology

_____ Diploma of Theology Certificate

Mode of Study *(Please Tick appropriate one)*

_____ Face to face

_____ Part time

_____ Online

Personal Data

National Origin *(Please Tick)*

____ Fijian ____ Pacific Islander ____ Asian ____ Foreign or others (specify) _____

Type of Residence *(Please Tick)*

____ Fijian ____ Student Visa ____ Immigration Visa (PR)

Status *(Please Tick)*

____ Married ____ Single ____ Widower

Date of Birth: ____/____/____ Age: ____yrs

Denomination/ Church Affiliation

References: _____

Name of Minister: _____

Address: _____

Phone: _____ Mobile : _____

Personal /Professional Reference

Name: _____

Address: _____

Phone: _____ Mobile: _____

EDUCATION SUMMARY

High School Last Attended and Location

Year Graduated _____

Name of College or Tertiary and Location

Year Graduated _____

Name of University and Location

Year Graduated_____

Major Degree Received/ Year of Graduation

Declaration:

I_____ hereby declare that the information I have on this form is correct and factual.

Signature _____ Dated this _____ day of _____ 2025