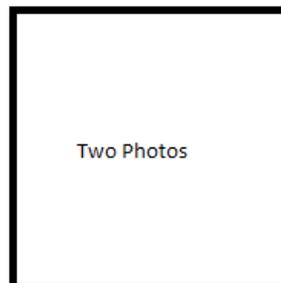
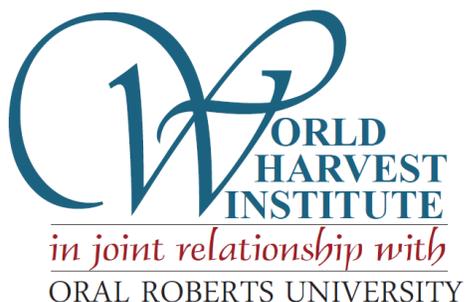


Registration Form:



WORLD HARVEST INSTITUTE STUDENT

Surname

First Name

Middle Name

(Full name as in Birth Certificate)

Mailing Address:

Telephone: _____ Mobile: _____

Email Address: _____

Program of Study *(Please Tick)*

_____ Short Term Theological Certificate (General Certificate)

_____ Advance Certificate of Theology

_____ Diploma of Theology Certificate

_____ General Certificate in Counseling

_____ Diploma in Counseling

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 _____ the year _____.

OFFICE USE ONLY

Application Received By: _____

Date: _____

Program Approved: Yes No

Approved By: _____