

ENROLMENT FOR ADMISSION



INTERNATIONAL CHRISTIAN BIBLE COLLEGE

School of the Supernatural and the Spirit

| | | | |
|--|----|------|---------------------|
| STUDENT FULL NAME & SURNAME | | | PASSPORT PICTURE |
| | | | |
| ENROLLMENT DATE | | | |
| DD | MM | YYYY | |

1. Attach **1 passport sized photograph** and **certified copies of your ID / Passport, Secondary and Tertiary Qualifications.**
2. Sections 1 -7 within this form, must be completed.

All applicants must obtain **2 recommendations**, one from a pastor and one from a friend or relative.

3. The recommendations are to be handed in to the office by the recommendee or by the applicant in a sealed envelope. (**Pastoral and personal recommendation forms provided**).
4. The **non-refundable, Annual Registration Fee of R300.00 must be paid upon Registration.**
5. Please note: All documents will be forwarded to our Main Campus in Cape Town, South Africa.

FOR OFFICE USE ONLY

| | | | | |
|----------------|----|----|------|--|
| DATE RECEIVED: | DD | MM | YYYY | |
| STUDENT NO: | | | | |
| REGISTRAR: | | | | |

SECTION 1 PERSONAL DETAILS

| | | | | | | |
|---------------------------------|--------|---------|---------|---------|---|---|
| FIRST NAME/S: | | | | | | |
| SURNAME: | | | | | | |
| DATE OF BIRTH: | DD | MM | YYYY | GENDER: | M | F |
| CITIZENSHIP: | | | | | | |
| PLACE OF BIRTH: | | | | | | |
| IDENTITY NR/SOCIAL SECURITY NR: | | | | | | |
| MARITAL STATUS: | SINGLE | MARRIED | ENGAGED | OTHER: | | |

SECTION 2 CONTACT DETAILS

| | | | | | | |
|-------------------------|--|--|--|--|--|--|
| MOBILE NR: | | | | | | |
| ALTERNATIVE CONTACT NR: | | | | | | |
| E-MAIL: | | | | | | |
| RESIDENTIAL ADDRESS: | | | | | | |
| POSTAL CODE: | | | | | | |

SECTION 3 FAMILY DETAILS

Please complete the following regarding next of kin information: (a family member not living at your residenc)

| | | | | | | |
|----------------------|--|--|--|--|--------------|--|
| NAME AND SURNAME: | | | | | | |
| CONTACT NR: | | | | | | |
| E-MAIL: | | | | | | |
| RESIDENTIAL ADDRESS: | | | | | | |
| | | | | | POSTAL CODE: | |

Please complete the following regarding spouse/fiancé (fiancee):

| | | | | | | | |
|--|---|---|--|---------|--|--|--|
| FIRST NAME/S: | | | | | | | |
| SURNAME: | | | | | | | |
| CONTACT NR: | | | | E-MAIL: | | | |
| DOES YOUR SPOUSE SUPPORT YOUR DECISION TO JOIN ICBC? | Y | N | | | | | |
| WILL YOUR SPOUSE BE JOINING YOU AT ICBC? | Y | N | | | | | |

SECTION 4 FINANCIAL DETAILS

Please indicate how you intend paying for your Institution fees:

| | | | | | |
|-------------|--|------------------|--|----------|--|
| OWN INCOME: | | SPOUSE'S INCOME: | | SPONSOR: | |
| OTHER: | | | | | |

If you are receiving a sponsorship, please complete the following:(Students are required to make sure that payments are made.)

| | | | | | | | |
|------------------|--|--|--|---------|--|--|--|
| NAME OF SPONSOR: | | | | | | | |
| CONTACT NR: | | | | E-MAIL: | | | |

SECTION 5

ENROLLMENT DETAILS

| | | | | |
|---------------|---------------------------|--------------------------|-------------------------------|--------------------------|
| ENROLLING AT: | MAIN CAMPUS (OTTERY) | <input type="checkbox"/> | REMOTE CAMPUS (STRANDFONTEIN) | <input type="checkbox"/> |
| | REMOTE CAMPUS (BELLVILLE) | <input type="checkbox"/> | CAMPUS (HEALINGWORD) | <input type="checkbox"/> |
| | REMOTE CAMPUS (PARKLANDS) | <input type="checkbox"/> | CAMPUS (POLOKWANE) | <input type="checkbox"/> |

If you are enrolling for Undergraduate courses, please complete the following:

WHICH UNDERGRADUATE PROGRAMME ARE YOU ENROLLING FOR?

| | | | | |
|-----------------------------------|-------------|--------------------------|--|--------------------------|
| 1st YEAR: CERTIFICATE IN MINISTRY | 72 Credits | <input type="checkbox"/> | STUDY OPTION: FULL TIME (Day College) | <input type="checkbox"/> |
| 2nd YEAR: DIPLOMA IN MINISTRY | 74 Credits | <input type="checkbox"/> | PART-TIME (Night College) | <input type="checkbox"/> |
| 3rd YEAR: BACHELORS DEGREE | 92 Credits | <input type="checkbox"/> | CORRESPONDENCE | <input type="checkbox"/> |
| 4th YEAR: MASTER DEGREE | 109 Credits | <input type="checkbox"/> | PART-TIME CORRESPONDENCE | <input type="checkbox"/> |

SECTION 6

EDUCATION AND EMPLOYMENT

HIGHEST GRADE PASSED:

SECONDARY SCHOOL ATTENDED:

TERTIARY INSTITUTE ATTENDED:

QUALIFICATION OBTAINED:

If you have completed any prior learning in theology, please provide us with information on:

INSTITUTE ATTENDED:

QUALIFICATION OBTAINED:

If you are currently employed, please complete the following:

NAME OF COMPANY:

JOB DESCRIPTION:

NAME OF EMPLOYER:

CONTACT NR: E-MAIL:

SECTION 7

SPIRITUAL BACKGROUND

NAME OF CURRENT CHURCH ATTENDING:

ADDRESS OF CHURCH:

NAME OF PASTOR:

CONTACT NR: E-MAIL:

HAVE YOU BEEN BORN AGAIN? Y N

ARE YOU WATER BAPTISED? Y N

HAVE YOU RECEIVE THE BAPTISM OF THE HOLY SPIRIT WITH THE EVIDENCE OF SPEAKING IN TONGUES AS IN ACTS 2:4?

Y N

ARE YOU CURRENTLY ACTIVELY INVOLVE IN MINISTRY, PLEASE DETAIL YOUR INVOLVEMENT:

CONDITIONS

1. The Institute reserves the right to access any information pertaining to a student's life at any given time, whether it is related to the Institute or not.
2. The Institute reserves its discretionary right to take appropriate action and/or provide necessary counsel as it deems fit.
3. The completion of this application form does not in any way guarantee or imply acceptance or enrolment at the International Christian Bible College.

STATEMENT OF TRUTH

I hereby declare that all information contained in this application is correct and truthful. If the International Christian Bible College is notified that any of the information I have provided is untruthful, it may result in my immediate dismissal.

APPLICANT'S SIGNATURE: _____

DATE:

| | | |
|----|----|------|
| DD | MM | YYYY |
|----|----|------|

COMMENTS:

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FOR OFFICE USE ONLY

COMMENTS:

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| |

ACCEPTED:

| | |
|---|---|
| Y | N |
|---|---|

SIGNATURE: _____