



Program for Theological Education by Extension

## Student Registration Form

Name according to an official document	First name	Father's name	Grandfather's name	Family name	Sex	Date of Birth	Place of Birth
Full Name (Arabic):					<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	
Name in English:							
Full Address:					Telephone:		
					Mobile phone:		
					Fax:		
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	No. of children:			Email address:	
Educational Certificates:	<input type="checkbox"/> Primary	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Secondary	<input type="checkbox"/> College	<input type="checkbox"/> University	<input type="checkbox"/> Other (specify)	
Occupation:							
The Church you belong to & its address:							
Name of Pastor or senior Elder & his address:							
Your ministry in the Church:					<input type="checkbox"/> Previous Student	<input type="checkbox"/> First-time Student	
Name of the Course:	Other Remarks:						
			Name of Tutor:	Place of Class:		Registration Date:	/ /