

Personal Details

First name: _____ Last name: _____

Student ID Number: _____ Term: _____ Year: _____

Do you expect to finish your degree at the end of this semester? Yes No

Have your citizenship or contact details changed since your last enrolment? Yes No

If yes, please specify: _____

Course Details

UNDERGRADUATE

- | | |
|---|---|
| <input type="checkbox"/> Non Award | <input type="checkbox"/> Advanced Diploma of Ministry |
| <input type="checkbox"/> Diploma of Christian Studies | <input type="checkbox"/> Advanced Diploma of Theology |
| <input type="checkbox"/> Diploma of Theology (P1) | <input type="checkbox"/> Combined Diploma of Theology/Ministry |
| <input type="checkbox"/> Diploma of Theology (P2) | <input type="checkbox"/> Combined Advanced Diploma of Theology/Ministry |
| <input type="checkbox"/> Diploma of Ministry (P1) | <input type="checkbox"/> Bachelor of Ministry |
| <input type="checkbox"/> Diploma of Ministry (P2) | |

Subject Selection – Please refer to the timetable and fee-schedule.

| Unit Code | WCIS Campus | Audit | Unit Title | Unit Fees |
|-----------------------|--------------------------|--------------------------|------------|-----------|
| | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| UNIT FEE TOTAL | | | | \$ |

PAYMENT METHOD: Fee-Help Cash Cheque Credit card Instalments Other:

Student Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

TAMS ACCOUNTS RECEIPT #

Please fill in the below details if you wish to pay via credit card:

| | |
|---|--|
| Credit Card Details | Amount to be deducted from credit card: |
| Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> | NAME ON CARD: |
| Credit card number: | Credit card expiry: / |
| Credit card signature: | |