

PERSONAL DETAILS

ACT student number: _____

First name: _____

Last name: _____

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

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

If yes, please specify: _____

Please confirm your current home church: _____

Course Details:

UNDERGRADUATE

- Audit (Non Award)
- Diploma of CS
- Diploma of Ministry
- Diploma of Theology
- Bachelor of CS
- Bachelor of Ministry
- Bachelor of Theology
- Bachelor of Theology/Ministry

GRADUATE

- Bachelor of Ministry (Hon)
- Bachelor of Theology (Hon)
- Grad Certificate of Divinity
- Grad Diploma of CS
- Grad Diploma of Divinity
- Master of Arts (CS)
- Master of Divinity

POSTGRADUATE

- Grad Certificate of Theology
- Grad Diploma of Theology
- Master of Arts (Ministry)
- Master of Arts (Theology)
- Master of Theology
- Doctor of Ministry
- Doctor of Philosophy
- Doctor of Theology

Subject Selection: Please refer to the timetable and fee-schedule to determine below details.

Unit Code	Wan*	City	OnLine	Pen*	Audit	Subject 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"/>		\$
	<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"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
UNIT FEE TOTAL							\$

Wan* = Wantirna / Pen* = Peninsula

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

STUDENT BODY FEES: Full Time \$25 Part Time \$15 N/A (Audit, Distance & Postgraduate)

Student Signature: _____

Date: _____

Registrar Signature: _____

Date: _____

TAMS

ACCOUNTS

RECEIPT #

<u>CREDIT CARD DETAILS</u>	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:	Date of signature: / /