

## 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
- Master of Ministry

### 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"/>		\$
<b>UNIT FEE TOTAL</b>							<b>\$</b>

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 #

<b><u>CREDIT CARD DETAILS</u></b>	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:    /    /