

Application & Study Record

CLT Number:

CLT facilitating e-U (e-learning) credits:

- Mentored for B.Min/Div or Couns (e-U)
- Mentored for B.B.A or B.B.L (through e-U)

Date Reg. with eU:
Day/Mo/Yr

eU Student Number:

Entry requirement Transfer Credits:

For B.Min or eU first register for eU and fax bank-slip + forms.

Dipl.: Yes/No Year: _____ CLT: Yes/No

Tuition Centre Name: _____

Enrolled for: B.Min B.Div B.Couns

Date enrolled at CLT:

Name: _____

Surname: _____

ID No: _____

(Provide photocopy)

Date of Birth:

Photo: (Black & white or colour, normal 38x38mm)

For: _____
Name of programme

Courses: (state course names, credits & marks %)

1	/ 28 assignm	<input type="text"/>	<input type="text"/>
2		<input type="text"/>	<input type="text"/>
3		<input type="text"/>	<input type="text"/>
4		<input type="text"/>	<input type="text"/>
5		<input type="text"/>	<input type="text"/>
6		<input type="text"/>	<input type="text"/>
7		<input type="text"/>	<input type="text"/>
8		<input type="text"/>	<input type="text"/>



This page must be on file at the responsible Learning Admin Centre with all marks regularly updated.

It must be enclosed as the **document of proof** with the next application documents in order to maintain a complete learner portfolio.

Grad. date:
Average %

The original of this document must be kept, and be faxed to CLT to apply for the **certificate** when completed. Any evaluation is formative in nature.

Address: _____

Street/Box: _____

Town: _____

Code: _____ (or Country)

Phone: _____

Cell/Fax: _____

email: _____

Highest previous qualification: _____

Where: _____ When: _____

(Provide photocopy)

TC Dean Signature: _____

AGREEMENT

I understand and accept the conditions of training at CLT as set out in the **Student Prospectus**. I agree to abide by these rules and regulations which safeguard the ideals of discipleship or the moral atmosphere.

I will be an example of **good Christian character and conduct** at all times and places during the time that I am a student.

I hereby **indemnify** the Tuition Centre from any claims of compensation that may occur during my studies.

Signature: _____

For Bachelor or eU courses:

Name of Tutor: _____

Name of Centre: _____
