



UNITED THEOLOGICAL COLLEGE



132 VALLEY VIEW LANE, HATFIELD, HARARE, ZIMBABWE TEL: (04) 573629 CELL: 0777808539

Student Enrolment Form

PART A Personal Details

First nameGender.....

SurnameTelephone.....

D.O. B.....Student Mobile No:.....ID No:.....

E-mail.....Physical Address.....

Next of Kin.....Relationship.....Congregation.....

Contact No: Address.....

Educational Level (**Tick one**)

[High School College University]

IF EMPLOYED

FOR STUDENTS

Company Name	Job Title

(If not sure please consult with your facilitator)

	NONE	FAIR	GOOD	EXCELLENT
Knowledge of Lifeskills				
Knowledge of Computers				
Knowledge of HIV-AIDS				
What you aim to achieve at the end of your training				
What are your career goals				

Terms and conditions

- ❖ **NO** refunds of fees upon failure to complete course or discontinuation.
- ❖ Quoted tuition fees are subject to change for each semester

How did you find out about this institute: Friend Mobile Advert Newspaper Poster/Flier

Please tick where applicable

Any Other Way Explain.....

I hereby certify the information presented in this application form is correct as well I agree with the above terms and conditions.



UNITED THEOLOGICAL COLLEGE



132 VALLEY VIEW LANE, HATFIELD, HARARE, ZIMBABWE TEL: (04) 573629 CELL: 0777808539

Student Enrolment Form

Student Signature.....Date.....

PART B (Declaration By Person Who Has Legal Custody and Responsibility Over The Student)

I.....
(Full Name)

Declare that:

1. The information in this application for enrolment is true and correct and that I understand that it is an offence to make any false statement or any statement which I do not know or presumably believe to be true.
2. I undertake to inform the institute of any change in my residential address and contact numbers.
3. **I accept that my child may NOT sit for examination unless ALL the prescribed fees have been paid before or ON the first day of each month**
4. I accept that my child, if admitted at your institute, will be required to conform to the discipline, expected i.e. **rules, regulations and other outdoor** activities of the institute.
5. I accept **ALL** these rules and regulations without reservation.

Signature.....Date.....

PART C (For Official Use Only)

Intake Period:.....

Registration Fee Paid.....Registration Receipt No:.....

Received By.....Signature.....date.....

NB: Registration fee is non-refundable