

Continuing Enrolment and Fees Form

PERSONAL INFORMATION

TITLE Place a cross in the appropriate box: Mr Mrs Miss Ms Dr Rev.

SURNAME _____ GIVEN NAMES _____ ACT STUDENT NO: _____

ADDRESS _____

PHONE _____ EMAIL ADDRESS _____

COURSE/Assessment Level: BTh BMin BTh (Hons) BTh/BTh Hons. PCQ Candidates Course

MDiv GradDipDiv BTh/BMin DipTh AssocDegTh MA(Th)
(incorporates WordWorks)

Mode of Study: On Site (in-class) Intensive (1-3 wks duration)

Mode of Study: Full-time Part-time

Continuing Year and Semester : Year 20 _____ Sem. 1 Sem. 2

Below fill out the details of the subjects you intend to undertake this semester. If you wish to take the subject for credit please write 'credit' in the credit/audit column. If you wish to audit the subject, ie, attend lectures but take no assessment, please write 'audit' in the audit/credit column. If you wish to apply for credit with ACT, you must also fill out an ACT form.

UNIT CODE <small>eg. NT301</small>	UNIT NAME <small>Please use actual not generic name of subject eg, Content and Setting of Gospel Traditions, not N.T. Intro A</small>	COURSE <small>BTh, DipTh etc</small>	CREDIT /AUDIT <small>Credit = assessment + exams. Audit = I do not want to do assessments</small>	COST PER UNIT <small>If FEE-HELP, write FEE-HELP in TOTAL FEES</small>
TOTAL FEES				

PAYMENT

FEE-HELP Cheque Cash Mastercard Visa

Credit Card No.

Signature: _____ Expiry Date: _____ / _____

PCQ ABN: 43015755489

DECLARATION:

In making this application I understand that the Queensland Theological College makes no provision for accomodation or financial assistance. I acknowledge that the QTC has provided me with a schedule of fees and that all fees must be paid by 1st February in 1st semester and the 1 July in 2nd semester. I understand that the Queensland Theological College has made available in their handbooks, the grievance procedures under which they operate and I agree to act within those procedures. I have read the Fees and Refund policies of the Queensland Theological College and agree to abide by these policies as a fee paying student of the QTC. I understand that a refund of fees is possible within the terms provided under QTC's Refund Policy as stated in th Prospectus and in the Fees schedule.

Signature: _____ Date: _____

OFFICE USE ONLY

PROCESSING DATE: / /

TOTAL AMOUNT QTC FEES PAYABLE: _____ AMT PAID _____ DATE PAID _____ FEE-HELP CREDIT/EFTPOS CASH CHEQUE M/ORDER