ECCLESIA BIBLE INSTITUTE

Rooted in Truth. Sent with Power.

STUDENT REGISTRATION / ADMISSION FORM

Please complete this form clearly. Return it to EBI through the Admissions Office, email, or WhatsApp. Online application is also available at the EBI website.

Full name	_____
Date of birth	_____
Gender	_____
Phone / WhatsApp	_____
Email	_____
Address / Community	_____
State / Country	_____
Church / Ministry affiliation	_____
Programme applying for	_____
Preferred study method	_____
Previous education / training	_____
Relevant ministry experience	_____
Emergency contact name	_____
Emergency contact phone	_____
Why do you want to study at EBI?	_____

DECLARATION

I understand that Ecclesia Bible Institute is a Christian Bible and ministry training institution. I declare that the information supplied is true and I agree to abide by the Institute's academic, conduct, safeguarding and administrative policies.

Applicant signature: _____	Date: _____
For EBI use — Application ID: _____	Admission decision: _____