



# Subject Registration Form

176 Wattle Street Malvern SA 5061 | **Phone** 08 8291 8188 | **Fax** 08 8291 8199  
**Email** registrar@biblecollege.sa.edu.au | **Web** www.biblecollege.sa.edu.au

Year & Semester

Title  Surname

Given names

Address

Suburb  State  Postcode

Phone (home)  Phone (work)

Phone (Mobile)  Email

Course in which you are enrolled (If any)

Church Affiliation

### Please register me for the following subjects this semester

Subject Reference *	Subject title	Tick if auditing	Fee
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<i>For those doing SFE (PC444 or PC644) and this is not your final semester, indicate this by placing an 'M' after the subject code (e.g. PC444M)</i>			

### Other Information

Do you wish to arrange for fee payment by monthly direct debit instalments?

Have you applied or do you plan to apply for "FeeHELP"?

Are you taking subjects for cross credit towards a non ACT award?

*If so, name course and institution*

Do you expect to graduate this semester?

Are you willing for your name to appear in the College Directory?

*If so, would you also be willing for your photo to appear in the Directory?*

Office

Access

MYOB

TAMS

Full-time and Part-time students who are enrolling to study for the first time are required to complete the relevant application form (available from College web site). Address and telephone information need not be completed above if the College already has this information. Save this form to your computer and then send the saved form as an attachment to [registrar@biblecollege.sa.edu.au](mailto:registrar@biblecollege.sa.edu.au). (Adobe Reader 9 or later required)