

PROGRAMS OF STUDY

Mark the program of study for which you are applying. (Choose only one.)

CERTIFICATES	CREDIT HOURS	ASSOCIATE OF ARTS DEGREES	CREDIT HOURS
<input type="checkbox"/> The Bible Interpreter	17	<input type="checkbox"/> A.A. in Bible/ Theology	64
<input type="checkbox"/> The Christian Communicator	17	<input type="checkbox"/> A.A. in Church Ministries	66
<input type="checkbox"/> The Christian Mission	17	<input type="checkbox"/> A.A. in Religious Studies	64
<input type="checkbox"/> The Certificate in Bible and Theology	32		
DIPLOMAS	CREDIT HOURS	CHRISTIAN SERVICE BEREAN (NON-USA ONLY)	
<input type="checkbox"/> Diploma in Ministry	64	<input type="checkbox"/> CSB _____	
<input type="checkbox"/> Diploma in Theology	96	Adult Continuing Education Level	
BACHELOR OF ARTS DEGREES	CREDIT HOURS	SECOND BACHELOR OF ARTS DEGREES	CREDIT HOURS
<input type="checkbox"/> B.A. in Bible and Theology	128	<input type="checkbox"/> B.A. in Bible and Theology	50
<input type="checkbox"/> B.A. in Bible and Theology, Honors	128	<input type="checkbox"/> B.A. in Bible and Theology, Honors	68
<input type="checkbox"/> B.A. in Intercultural Studies	128	<input type="checkbox"/> B.A. in Intercultural Studies	50
<input type="checkbox"/> B.A. in Intercultural Studies, Honors	128	<input type="checkbox"/> B.A. in Intercultural Studies, Honors	68
<input type="checkbox"/> B.A. in Religious Education	128	<input type="checkbox"/> B.A. in Religious Education	50
<input type="checkbox"/> B.A. in Religious Education, Honors	128	<input type="checkbox"/> B.A. in Religious Education, Honors	68
<input type="checkbox"/> Specialized degrees for non-USA students _____		(Program Name)	
<input type="checkbox"/> Undeclared-program (desiring not to specify a program but wanting to study for credit)			

HOW YOU HEARD ABOUT GLOBAL UNIVERSITY / ICI COLLEGE AUSTRALIA?

- Friend Internet
 Magazine Church/Pastor
 Other (specify): _____

- I agree to the regulations governing the study program set forth by the Global University catalog under which I am applying and I understand that my completion of this study program does not guarantee my acceptance for any position by any church or organization.
- I agree that it is my responsibility to verify the applicability of Global University's credits toward any educational goal that I may have.
- I understand e-mail is considered a primary method for communication and is intended to meet the academic and administrative needs of the University. I agree to monitor my Global University student e-mail account on a regular basis.

Date: / /
 Day Month Year

Signature: _____

Print Full Name: _____

FOR REGIONAL / NATIONAL OFFICE USE ONLY	
Date: / / Day Month Year	I recommend this student for the program they have indicated:
National Office Code _____	Director's Signature: _____
FOR INTERNATIONAL OFFICE USE ONLY	
Date: / / Day Month Year	I recommend this student for the program they have indicated:
Global University Registrar's Signature: _____	

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 E-mail: info@icicollege.com.au

STUDENT ORDER FORM

Please indicate which program you are studying

- Christian Life Program
- Christian Service Program
- Undergraduate Program
- Non program study

FAMILY NAME: _____ FIRST NAME/S: _____
 ADDRESS: _____ TELEPHONE (H): _____
 _____ TELEPHONE (W): _____
 _____ MOBILE: _____
 COUNTRY: _____ E-MAIL: _____
 P/CODE: _____ FAX: _____

DATE OF BIRTH: _____ / _____ / _____ Male / Female
Day Month Year

SUBJECT NUMBER	SUBJECT NAME / TEXT BOOK NAME	FEE
(A ONCE ONLY FEE PAID WITH YOUR FIRST SUBJECT) APPLICATION FEE		
TOTAL		

Date: _____ / _____ / _____ Signature: _____
Day Month Year

Print Full Name: _____

Please Circle Payment Type: Cheque Money Order Creditcard Direct Deposit
 BSB: 037 608
 Acct: 269 680

Credit Card Details: Please circle card type VISA MASTERCARD

Credit Card No

Expiry Date Name on Card _____

Signature _____ Date _____

Please note: Refund Policy: If you require a refund within 14 days of enrolment in a subject, you will receive a full refund; after 14 days you receive a 50% refund; after 28 days there is no refund. Study Guides must be returned in original condition before any refunds will be granted.

EXAM SUPERVISOR APPLICATION

To ensure the integrity of the evaluation system, ICI College requires that the Final Exam for each course be taken in the presence of a Supervisor. If you are willing to serve as a Supervisor for this student, please complete the following information, sign the application, and give it to the student to return to ICI College.

The following ICI College student,

FAMILY NAME: _____ FIRST NAME/S _____
ADDRESS: _____ TELEPHONE (H): _____
_____ TELEPHONE (W): _____
_____ MOBILE: _____
COUNTRY: _____
P/CODE: _____

has identified you, as an individual willing to serve as a Supervisor for a Final Exam that the student is required to complete. The requirements to serve as a Supervisor for this student include:

The Supervisor must not be a relative of the student.

The Supervisor must not reside at the same address as the student.

The Supervisor monitors the student during the Final Exam, assuring that no inappropriate aids (such as books, notes, study guides, reference works, or dictionaries (a Non marked or Non Study edition of a Bible is allowed)) where used by the student while completing the Final Exam. A maximum of 3 hours is allowed to complete exam.

The Supervisor signs the final examination Scantron™ answer sheet and then returns the final exam and completed Scantron™ answer sheet to ICI College. Please return in the prepaid envelope provided.

FAMILY NAME: _____ FIRST NAME/S _____
ADDRESS: _____ TELEPHONE (H): _____
_____ TELEPHONE (W): _____
_____ MOBILE: _____
COUNTRY: _____ E-MAIL: _____
P/CODE: _____

TITLE /POSITION/ PLACE OF EMPLOYMENT _____

RELATIONSHIP TO STUDENT _____

By signing this form, I affirm I am not a relative of this student and that I have no vested interest in the outcome of the exam. I agree to monitor the student and certify that the student will not use inappropriate aids, (books, notes, study guides, reference works, dictionaries, or persons) while the exam is being taken. I will promptly return the completed exam Scantron™ answer sheet and all examination materials directly to ICI College in the prepaid envelope provided within 24 Hrs of the Exam being completed.

SUPERVISOR'S SIGNATURE _____ DATE _____

STUDENT'S SIGNATURE _____ DATE _____