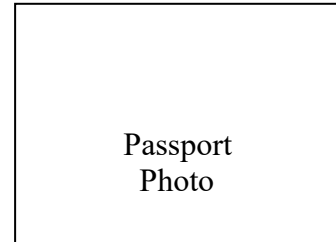




GRACE GLOBAL UNIVERSITY



STUDENT APPLICATION/ REGISTRATION FORM FOR GRACE GLOBAL UNIVERSITY

Please send the completed form to the Office of the President, Professor Dr. Msomi, Chancellor and Registrar, on WhatsApp: +27 76 527 2627

SECTION 1: PERSONAL DETAILS

1. Full Name (First, Middle, Last): _____
2. Surname: _____
3. Gender: _____
4. Date of Birth (DD/MM/YYYY): _____
5. Nationality: _____
6. Phone/Mobile Number: _____
7. Email Address: _____
8. Home Address: _____

SECTION 2: MINISTRY/CHURCH DETAILS

1. Title (Pastor, Bishop, Reverend, etc.): _____
2. Name of Church/Ministry: _____
3. Church/Ministry Address: _____

SECTION 3: EDUCATIONAL BACKGROUND

1. Education Background/School: _____
2. Highest Grade/Level Completed: _____
3. Relevant Certificates/Diplomas: _____

SECTION 4: PROGRAM/COURSE DETAILS

1. Course/Study Program: _____
2. Duration of Study: _____
3. Expected Date of Completion: _____

SECTION 5: ADDITIONAL INFORMATION

1. How did you hear about Grace Global University? _____
2. Do you have any special needs or requirements? _____
3. Why Grace Global University you want to study? _____

DECLARATION

I hereby declare that the information provided is accurate and true. I understand that any false information may lead to the cancellation of my registration.

Signature: _____

Date: _____