



MALUA BIBLE SCHOOL

Congregational Christian Church Samoa

Principal: Rev. Prof. Dr. Vaitusi Nofoaiga (PhD)
Vice Principal: Rev. A/Prof. Dr. Arthur Wulf (PhD)

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REGISTRATION FORM (PEPA RESITALA) - APIA

PERSONAL DETAILS (FAAMAUMAUGA)

Full Name (Igoa Atoa): _____

Birth Date (Aso Fanau): _____ Gender (Ituaiga): _____

Village (Nuu): _____ Christian Denomination (Ekalesia): _____

Church Position (Tulaga i le Ekalesia): _____

Current Employment (Galuega): _____

CONTACT (Auala e Fesootai ai)

Postal Address (Tuatusi Falemeli): _____

Phone number (Telefoni): _____

Email (imeli): _____

EDUCATION (AOAOGA)

Name of Institution (Igoa o le Aoga)	Year(s) (Tausaga)	Qualification(s) (Faailoga Ausia/ Vasega Maua-luga Ausia)

ENROLMENT (FAAMAUINA I LE AOGA)

Term and Year enrolment started (Kuata ma le Tausaga na amata ai le aoga)

Programme that you wish to enrol in/ or are currently enrolled in (Please tick)
(Polokalame e fia resitala ai/ pe o loo aoaoina ai nei: Faailoa mai)

Certificate IV in Theological Studies _____ **Diploma V in Theological Studies** _____

Courses you wish to register in (Please write Course Codes & Titles)
(Mataupu e fia resitala ai: Faamolemole tusi mai le Numera ma Igoa o le Mataupu)

1. _____

2. _____

3. _____

NOTE: You are only allowed to take a maximum of 3 Courses per Term
(MO LE SILAFIA: E na o le tolu (3) mataupu e faatagaina ona e resitala ai i le Kuata)

Date Registered (Aso ua resitala ai)

Signature (Saini)