



# ST ATHANASIUS COPTIC ORTHODOX THEOLOGICAL COLLEGE

MELBOURNE, AUSTRALIA

## ENROLMENT FORM - SEMESTER II, 2010

### Personal Details

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Title: (Fr, Dr, Mr, Mrs, Ms) ..... Surname: .....

Christian Name: .....

Date of Birth: ..... Country of Birth: .....

### Residential Address

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Street Number & Name: .....

Suburb: ..... State: ..... Postcode: .....

### Contact Details

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Home: ..... Business: .....

Mobile: ..... Email: .....

#### ***I would like to enrol in the following units:***

<b>Code</b>	<b>Unit Name</b>	<b>Subject Only</b>	<b>Exam</b>	<b>Timetable</b>
<input type="checkbox"/> ALC214	Coptic Language II	(Y/N)	(Y/N)	Tuesday 7pm-9.30pm
<input type="checkbox"/> DHI142	Hymns I	(Y/N)	(Y/N)	Wednesday 7pm-9.30pm
<input type="checkbox"/> AAC114	Intro to Coptic Archaeology	(Y/N)	(Y/N)	Wednesday 7pm-9.30pm
<input type="checkbox"/> CHD134	History of Dogma	(Y/N)	(Y/N)	Thursday 7pm-9.30pm
<input type="checkbox"/> DMF155	Christian Family (Intensive)	(Y/N)	(Y/N)	6/7 <sup>th</sup> , 20/21 <sup>st</sup> & 27/28 <sup>th</sup> Nov.

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Student's Signature

Date:

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Registrar's Signature

Date:

## I wish to pay my fees by

Payment by:  Mastercard  Visa  Cheque  Cash

Credit Card No: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Authorisation no: \_\_\_\_\_

Title  Fr  Dr  Mr  Mrs  Ms

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_