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ACCEPTANCE OF ADMISSION FORM

Fill in the details below:		
Applicant ID / Passport NO:		
Name of Student		*C
Family Name/Surname Other		
Names:		
Certificate/Diploma Programme		6
Schooling Academic Qualification	105	0
Gender: Male	Female	211
Tick where appropriate Ordained Clergy:	Local Pastor:	Layperson
Religious Denomination affiliations/Membership	p:	
Please sign and send together with Proof of Fee	Prepayment and other req	uired documents to Confirm
and Reserve your Admission at WMTC to: wesl	eyanmethodistcollege@gr	mail.com
a	ccept/I do not accept	