

SHORT COURSE APPLICATION FORM

Please complete all sections in BLOCK CAPITALS and return to the Academic Registrar, Wesley College.

Title:	Forenames:	Surname:
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Address:
Postcode:

Home Tele:	Mobile:	Email:
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Course/s Applied For:

Date	Course Title

Circuit No/Church

Signed _____ Date _____

<p>FOR OFFICE USE ONLY</p> <p>Application Received on:</p> <p>Accepted:</p> <p>Confirmation Sent:</p> <p>Payment Received:</p>
