**Catholic Theological Institute**

** Office of the Dean of Studies**

 **PO Box 2556; Boroko NCD 111**

 **PAPUA NEW GUINEA**

 **Phone: 328-1033 (Off); Fax: 328 1325**

**E-mail: deanatcti@gmail.com**

**RESIDENT STUDENT ENROLMENT FORM**

(Please fill in BLOCK LETTERS)

SURNAME: ………………………… GIVEN NAMES: ……………………… . ……………….………

NATIONALITY:………………………………………

PROVINCE: ……………………………………… VILLAGE: ……………………………………………..

DATE OF BIRTH ………./…………/………… Day / Month / Year

FATHER’S NAME: …………………………………. MOTHER’S NAME: …………………………………..

Are they still alive?…………………………………..

NAME OF YOUR PARISH: ………………………………………………

YEAR TO START STUDY AT CTI: ………………………………….

YOU ARE STUDYING AT CTI AS A MEMBER OF : ……………………………….. ………… (RELIGIOUS ORDER or DIOCESE):

**ACADEMIC ATTAINMENT** ( Most recent first )

|  |  |  |
| --- | --- | --- |
| **SCHOOL OR COLLEGE** | **ACADEMIC AWARD** | **YEAR** |
|  |  |  |
|  |  |  |
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Note: Photocopies of all academic awards and transcripts from Grade 10, Grade 12, and any tertiary studies are required. All students are required to have earned a Grade 12 certificate.

**FORMATION RECORD**

|  |  |  |
| --- | --- | --- |
| **TYPES** | **PLACE/ADDRESS** | **YEAR** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

LANGUAGE: English Tok Pisin Motu

Any other language/Tokples (Name them):……………………………… ……………………………..

Signature:……………………………………………… Date: …………………………………………

Note: The personal data used on this form will be used by CTI for purposes relating to the processing of your enrolment and will be kept on your personal file.