

Student Registration for SED Level Studies



Please check Program you desire to complete:

- Christian Service Diploma
- Christian Life Certificate
- 21st Century Discipleship

Check box if auditing

Preferred language: English French

Preferred format: Hardcopy Digital (PDF)

Please print clearly

Name: _____

Email: _____

Address: _____

Birthday: ____/____/____ M / F
(D) (M) (Y) (Male or Female)

City: _____ Province: _____

Primary Phone: _____

Postal Code: _____

Other Phone: _____

(Student Signature)

(Date)