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Vanderbijlpark 1911
e-mail: info@harvestimeacademy.co.za

STUDENT APPLICATION FORM

Surname: _____

Full Names: _____

SA ID Number or Passport

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Postal Address: _____

Contact Details : (W) _____ - _____
(C) _____ - _____

Email address : _____

HIGHEST QUALIFICATION

a) School : _____
b) Tertiary : _____
c) Theology : _____

Note: Please attach certified copies of your ID Document and previous studies: certificate/diploma/degree where applicable.

Accreditation:



International Association for Quality Assurance
in Pre-tertiary and Higher Education (QAHE),
11923 NE Sumner Street STE 737530
Portland, Oregon, 97220
USA

www.qahe.org

Please Mark with an {X} the appropriate box:

Certificate	
Diploma	
Degree	
Honours	
Master's	
Doctorate	

I hereby give Harvestime Academy of Theology permission to process this information to contact me regarding my application - POPIA

I, the undersigned, declare that the information supplied is true and accurate and bind myself to pay in full all fees due. My signature witnesses that I agree with all the terms and conditions and will abide by said terms and conditions as described.

Signature: _____

Date: _____

Email all required documents to info@harvestimeacademy.co.za