

**ACTS COLLEGE
POST-GRADUATE PROGRAMME – COURSE ENROLLMENT FORM**

Full Name (as in NRIC /Passport): _____

Gender: Male Female NRIC/Passport (last 4 digit #): _____

Marital Status: _____ Date of Birth (mm/dd/yyyy): _____

Mailing Address: _____

Email address: _____ Mobile #: _____

Home Church: _____

Ministry: _____

Occupation: _____

Highest Academic Qualification (Year) : _____

Course enrolled: _____ Credit \$800 Audit \$500



Payment by: PayNow (UEN: 201422314G) Internet Banking (UOB 364-311-122-3)

Cheque (ACTS College Ltd)

DMin Application: Submitted Not Submitted

1. I agree / disagree to let ACTS College use my photographs taken in all college activities for the purpose of publicity, publication and official matters. I understand it is my responsibility to excuse myself from photo-taking if I disagree.

2. Student Data Protection
We, at ACTS College, take our responsibilities under the Personal Data Protection ACT 2012 (the "PDPA") seriously. We also recognize the importance of the personal data you have entrusted to us and believe that it is our responsibility to properly manage, protect and process your personal data. Our Student Data Protection Policy, which is available on school website, is designed to assist you in understanding how we collect, use and/or disclose the personal data you have provided to us, as well as to assist you in making an informed decision before providing us with any of your personal data. If you, at any time, have any queries on this policy or any other queries in relation to how we manage, protect and/or process your personal data, to request to review, update or withdraw your consent for the collection, please do not hesitate to contact us at 6841 1770 or admin@acts.edu.sg

Signature & Date

FOR OFFICIAL USE	
Acknowledged:	Student Record Updated
Signature /Date:	Date: