**International Association for Biblical Education**

**Student Information Form**

**2024-25**

**Institutional Information:**

Name of the Institution: ……………………………………………………………………………………………………………………..

Institution ID: (Certificate Number)……………………………………………………………………………..……………………..

**Student Information:**

Name of the Student: ………………………………………………………………………………………………………………………...

Student ID: (Enrollment Number.) ……………..…………….…… Date of Birth: …………mm…………dd…..….…yy

Gender: ……………………… Marital Status: ……………………………………… Nationality: …………………………………

**Academic Information:**

Program Name: (Degree or Certification Program)………………………………………………………………………………

Field/Area of Study: (Biblical Studies, theology, Ministry)……………………………………………………………………

Expected Graduation Date: (Completion date)……………………………………………………………………………………

**Declaration:**

I hereby declare that the information provided above is accurate and complete to the best of my knowledge.

Signature of Principal/Registrar: Date:

Name of the Principal/Registrar:

Designation:

Seal of the Institution

**Note:** To add more students, simply duplicate the entire form for each additional student, and fill out the information accordingly.