

**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.