

CHRISTIAN WRITERS' TRAINING INSTITUTE



STUDENT REGISTRATION FORM

Affix your
Passport
Photograph
here

FORM NO.

A. PERSONAL INFORMATION

1. SURNAME
2. OTHER NAMES
3. TITLE (e.g. Pastor, Evang. Dr. etc if any)
4. CONTACT ADDRESS
5. PHONE NUMBER
6. POSTAL ADDRESS:
7. CHURCH OR MINISTRY AFFILIATION:
8. E - MAIL ADDRESS:

B. WRITING INTEREST/COMMITMENT

1. INDICATE YOUR AREA OF INTEREST IN WRITING
 Academic Book Poem Song
 Drama Motivational Books Christian Books
 Others (Indicate)
2. ARE YOU WILLING TO COMMIT AN HOUR A DAY TO THIS WRITING COURSE?
 YES NO
3. DO YOU HAVE A BOOK IN VIEW AS YOU GO THROUGH THIS COURSE?
 YES NO
4. ARE YOU A REGISTERED MEMBER OF CWAN? YES NO

FOR OFFICIAL USE

DATE OF REGISTRATION:

REGISTRATION FEE PAID:

COURSE FEE PAID:

REMARKS:

.....

.....
Registrar

.....
Director of Studies