



APOSTOLIC ASSEMBLY OF THE FAITH IN CHRIST JESUS
International Apostolic Bible College Online- Consent Form
ALL QUESTIONS / INFORMATION MUST BE ANSWERED

Name: Last	First	Middle
Address: Street	City/State	Zip Code
Phone	Email	
Pastor	Church	

I have been a member of this church since:

Completion of this form is for consent to enroll in the International Apostolic Bible College Online (IABC). I hereby verify that this online program will be of great assist for me being that I am unable to attend the On-campus Bible college closest to me for either of the following reasons: (language barrier, work schedule, or distance).

Student Name	Student Signature	Date
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(Print Name & and Signature of Parent or Guardian for Applicants under 18) Date

The following signatures verify that _____ (student's name) is granted permission to enroll in the IABC Online program being that they are unable to attend the On-campus Bible college closest to them for either of the following reasons: (language barrier, work schedule, or distance).

Pastor's Name	Pastor's Signature	Date
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Bishop's Name	Bishop's Signature	Date
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OFFICIAL USE ONLY

- Approved**
 Not Approved

If not approved, explain:
