



KORU BIBLE COLLEGE

P.O. Box 5 40104 Koru

Tel. +254723444386

Email: collegekorubible@gmail.com

APPLICATION FORM

Please fill in the form below. Fields marked with * are mandatory.

PERSONAL DETAILS

Full Name: *

First Name: _____

Last Name: _____

Phone Number: * _____

Email Address: * _____

Gender:

Male

Female

County _____

Town: _____

Highest Level of Education Attained

Primary

Secondary

Tertiary



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PROGRAM APPLIED FOR.

Tick an appropriate program

- BA in Bible and Theology
- Inter Term Diploma in Bible and Theology
- Virtual Diploma in Bible and Theology
- Certificate in Bible and Theology
- Leadership Development and Management
- Children's Ministry

Number of Students in the Group: _____

(If a group application, indicate total number e.g. 5, 10, 20 etc)

Note that the higher the number of the applicant in the group the good the discount.

MODE OF STUDY

- Physical/On campus Learning
- Virtual Learning

Intake Period: _____

Applicant Signature: _____

Date: _____

N/B: While submitting the form, please ensure you submit the necessary required documents