



Closing Date of Registration
TUESDAY 30 DECEMBER 2025

REGISTRATION FOR FIRST TERM 2026
JANUARY – MARCH 2026

FULL NAME: _____
(As per NRIC/FIN) First Name Middle Name Last Name

NRIC/FIN NO (last 3 digits + alphabet) _____ **ATC STUDENT ID:** _____

RESIDENTIAL ADDRESS IN SINGAPORE: _____

TELEPHONE NO: [Hp] _____ [Off] _____ [Res] _____

E-MAIL ADDRESS: _____ **OCCUPATION:** _____

CHURCH NAME: _____ **IF VFC, REGION:** _____

CURRENT MINISTRY INVOLVEMENT THIS TERM (Tick all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Regional Pastor | <input type="checkbox"/> Full time Ministerial Staff | <input type="checkbox"/> Zone Leader | <input type="checkbox"/> ACM |
| <input type="checkbox"/> Regional Minister | <input type="checkbox"/> Other Ministry Head | <input type="checkbox"/> Cell Group Leader | |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Missions | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Teaching | <input type="checkbox"/> Worship | Other: _____ |
| Focus Group: _____ | | Hours Per week: <input type="checkbox"/> 6 or more | <input type="checkbox"/> Less than 6 |

If from VFC: ☐ Were you assigned LIW/SCG courses last term?
☐ Did you attend LIW/SCG courses last term

If No, reason: _____

PLEASE TICK (✓) ON UN-SHADED BOX	MINISTRY LEADERSHIP		THEOLOGY	MISSION STUDIES	PLP
	CHURCH LEADERSHIP	PASTORAL CARE			
CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIPLOMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BACHELOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MASTER	<input type="checkbox"/> MML	<input type="checkbox"/> MTS	<input type="checkbox"/> MMS	<input type="checkbox"/> MTE	<input type="checkbox"/>

FOR UNDECLARED PROGRAM, TICK (✓) ON THE BOX PROVIDED: ☐ NON-MATRICULATED

FOR ATC Office Use Only

Admission Fee: _____	Pre-requisites fulfilled? Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Tuition Fees: _____	Course(s) Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Fees: _____	Remarks: _____
Grand Total: _____	_____
Receipt No: _____	Endorsed By: _____
Recorded by: _____	_____

Signature _____	Date _____	Signature _____	Date _____
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ATC FIRST TERM : JANUARY - MARCH 2025 COURSE/MODULE OFFERED							PLS TICK	
CODE	COURSE TITLE	UNITS	LECTURER	DATE	DAY	TIME	CR.	AU.
UNDERGRADUATE COURSES								
GE 100	ORIENTATION – MANDATORY FOR ALL NEW STUDENTS	0	KATHLEEN LEE	Admission Office Will Contact New Students For Date & Time Of Orientation				
BI 225	BOOK OF ACTS - ONLINE	3	DR. SUSAN COMISKEY	6 – 9 JAN 20 – 23 JAN	TUES-FRI	2.00 – 6.30 PM		
TH 303	LIFE & MINISTRY OF THE HOLY SPIRIT - ONLINE	3	DR. SUSAN COMISKEY	4 – 19 MAR	WED - FRI	2.00 – 6.00 PM		
MASTER COURSES								
BTH 525	STUDIES IN THE BOOK OF ACTS - ONLINE	3	DR. SUSAN COMISKEY	6 – 9 JAN 20 – 23 JAN	TUES-FRI	2.00 – 6.30 PM		
BTH 544	PNEUMATOLOGY - ONLINE	3	DR. SUSAN COMISKEY	4 – 19 MAR	WED - FRI	2.00 – 6.00 PM		
SATURDAY WEEKLY COURSE								
GE 103	STUDY SKILL & RESEARCH WRITING - ONLINE	3	RICHARD ONG	17 JAN – 14 MAR BREAK 31 JAN	8 SATS	2.00 – 6.30 PM		

TUITION FEES (Inclusive of 9% GST)
OTHER FEES (Inclusive of 9% GST)

	UNDERGRAD	MASTERS		
Admission Fee (One-time payment)	\$42	\$77	\$24 Quarterly Registration Fee	\$66 Directed Study per course/module (Additional)
Non-Matriculation Admission Fee (One-time payment)	\$42	\$77	\$42 Quarterly Late Registration Fee	\$66 Directed Study Grading Fee (per course/ module)
Per course / module	\$220	\$352	\$66 "Walk-in" Registration Fee	\$24 Transfer of Credit (Undergraduate)
Per audit course / module	\$160	\$220	\$24 Course Change Fee	\$48 Transfer of Credit (Master)
			\$36 Program Change Fee	

- All cheques should be made payable to **"Asia Theological Center"**
- Online bank transfer to Asia Theological Center UOB Ltd, Singapore
Bank Account Number: **101-341-455-1**

Total Tuition Fees: _____ \$ _____ Less _____ % _____ = _____

Other Fees (*please specify*): _____

Grand Total: _____