



Please provide a digital passport size picture by email:
admin@git.edu.mt

Status: New Applicant Reactivating student

Previously enrolled as a GU student Yes No

ID Card/Passport: _____

Family Name/Last Name: _____

First Name: _____

Home Address: _____

Country: _____

Date of Birth: _____

DD Month YY

Nationality: _____

Maiden Name: _____

Middle Name: _____

Day Phone: _____

Whatsapp: _____

Mob Phone: _____

E-mail: _____

Church: _____

How did you hear about GIT

- Friend Internet
 Literature Church/Pastor
 Other (specify) _____

I agree to the regulations governing the study program set forth by the Global Institute of Theology which I am applying for. I understand that my completion of this study program does not guarantee my acceptance for any position by any church or organization. I agree that it is my responsibility to verify the accreditation of this program before presenting it to any institution as part of my CV.

Appropriate application fee is included (as per website). The application fee is non-refundable five business days after this form is received by Global Institute of Theology.

Applicant's Signature: _____

Date: _____

DD Month YY

You may contact us at:
Global Institute of Theology
17, Triq il Klin, Iklin IKL1030 Malta
21435529 | 79475618 director@git.edu.mt
www.git.edu.mt

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Director's Signature _____

Registrar's Signature _____