



Christ For Africa University

Université Christ Pour L'Afrique

Please  
Attach recent  
4" X 4" Picture

<b>Course Program</b>	
<b>Total of Module required</b>	
<b>Total of Hours required</b>	
<b>First Name</b>	
<b>Middle Name</b>	
<b>Last Name</b>	
<b>Age / Birthdate / Birthplace</b>	
<b>Postal Address</b>	

*Know God to serve him better*



**Christ For Africa University (CFAU)**  
PO Box 9042, Douala, Cameroon  
Website: [www.christforafrica.org](http://www.christforafrica.org)  
Email: [contact.christforafrica.org](mailto:contact.christforafrica.org)  
Tel: (237) 679452320



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**Université Christ Pour L'Afrique**

<b>Mobile Phone</b>	
<b>City – Region – Country</b>	
<b>Email Address</b>	
<b>Facebook Page</b>	
<b>WhatsApp number</b>	
<b>Gender : Male or Female</b>	
<b>Marital Status</b> Single, Married, Separated, Divorced, Domestic Partners, Single Parent, Unmarried:	
<b>Social Activity</b>	
<b>Name of Spouse if Married</b>	
<b>Contact Number</b>	

## **EDUCATIONAL BACKGROUND**

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<b>Graduated from High School?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Graduated from College?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College Course &amp; Years Completed:</b>	
<b>Graduate School: Course &amp; Years Completed:</b>	
<b>Other Training :</b>	
<b>Course &amp; Year Graduated:</b>	
<b>First Language :</b>	

**RELIGIOUS BACKGROUND**

<b>Do you believe &amp; receive Jesus Christ as Lord &amp; Personal Savior?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>When did you accepted Christ</b>	
<b>Do you believe the Bible is the Word of God, the final authority in all matters of faith, conduct and truth?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>comment</b>
<b>Religion or Denomination</b>	
<b>Church Name</b>	
<b>Your Spiritual Leader, Pastor or Minister</b>	
<b>Your Ministry Position or Church Involvement</b>	
<b>Please write something about our Courses and how it can help your ministry and spiritual growth?</b>	

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## REFERENCES

List down (3) references who can testify to your character and teaching ability. (Include a pastor ,relative and Employer if possible.)

**Your Pastor , Full Name**

**Email**

**Your relative , Full Name**

**Email**

**Employer, Full Name**

**Email**

**Do you certify that the above information is true and correct to the best of your knowledge and ability, and the school has the right to deny any application for dishonest information.**

Yes  No

**Note: Send it back to our enrolment service...**

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