

RBTC

Student Information

Campus: ☐ Hybrid Program (RBTC Bergen)

Insert a recently taken color passport photo of yourself.
(The photo should be with HD (High Definition). It will be scanned to be on your Student ID)

			on is not relevant to you, mark it with "DNA" for an answer, you may write it on a separate
Family name – as in you	r passport	First name – as i	n your passport
Street Address		No.	☐ Male ☐ Female
Zip code/ Postal code C	ity		Telephone
E-Mail			Mobile phone
Birth Country/Country yo	ou grew up in.	Citizenship	
If you are not a No	wegian or a Scandinav	ian citizen, do yo	ou have a valid VISA? Yes No
Married	☐ Engaged		☐ Single
Date of birth	Spouse name		Spouse birthday
Name and age of ye	our children (under 18).		
What other langua	ges can you read, write	and speak?	
Norwegian	Others:		
In which language	would you like to get y	our teaching ma	terial?
Home Church	M	lember	Pastor´s name
How do you volun	teer for your church?		
Date	Signature		
	For F	Rhema office only	<i>1</i> .
☐ ACC	Ref / Rea		☐ Pastor's recommendation
Commentary			
Date:	Signature:		Stamp:
RD finish:	Students ID-numb	 per:	



Student details

First and last name			
When and where did you accept the Lord Jesus Chr	ist as your personal savior?		
Have you followed God all this time (or been backsli	idden)?		
Yes No			
If not, explain why.			
Are you baptized in the Holy Spirit and de you speak			
Yes Since when?			
Please explain to us how you know that RBTC is the	e next step for you in your walk with God.		
Why do you want to attend this school?			
Please share a reference. This must be the person who filled out the recommendar	tion form for you.		
This must be the person who filled out the recommendation			
	tion form for you. First name		
This must be the person who filled out the recommendation			
This must be the person who filled out the recommendar Family name	First name		
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This must be the person who filled out the recommendate Family name Street Address	First name Telephone		
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This must be the person who filled out the recommendate Family name Street Address Zip-code/Postal code E-Mail The school's leadership expects that all students keep a	First name Telephone City away from all illegal drugs, cigarettes, and use very little or no alcohol,		
This must be the person who filled out the recommendate Family name Street Address Zip-code/Postal code E-Mail The school's leadership expects that all students keep a no sexual relationships outside of marriage (adultery/ for	Telephone City		
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