

**APPLICATION TO WRITE AN EXAMINATION  
THE BIBLE INSTITUTE OF SOUTH AFRICA  
DISTANCE LEARNING PROGRAMME**

**180 Main Road  
Kalk Bay 7975**

**Phone: 021-788-4116 Fax: 021-788-7289 E-mail: distance@bisa.org.za**

Title \_\_\_\_\_ Name \_\_\_\_\_ Student # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone (home) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_ (fax) (\_\_\_\_) \_\_\_\_\_

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**Name of the Course:** \_\_\_\_\_

**Date of Syllabus:** \_\_\_\_\_ **Date and time of exam** \_\_\_\_\_

Please give the name and address of your Pastor or other Church leader who is prepared to invigilate. We will send the examination material to this person only.

Please indicate how you would like your invigilator to receive the exam:

Email  Post

**Name of Invigilator:** \_\_\_\_\_

**Invigilator's Email:** \_\_\_\_\_

**Invigilator's Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Invigilator's signature:** \_\_\_\_\_

(Your signature indicates your willingness to invigilate this exam for this student.  
If you are unable to sign this form electronically please print and email)

If you are to receive your exam by post it is essential that this form be posted to reach the above address **at least two (2) weeks** before the date chosen for the examination.  
This will ensure that all necessary materials reach the invigilator in good time.