

Student Admission Form

Surname: _____

Other Names: _____

Address: _____

_____ Tel: _____

E-mail: _____

Date Of Birth: _____ Nationality: _____



Educational background: *(Please, attach photocopies of relevant certificates)*

Name of Institution	Date Attended	Qualification Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional Qualifications:

_____	_____	_____
_____	_____	_____
_____	_____	_____

WORKING EXPERIENCE

Name and Address of Employer:

Employment	Position	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please payment of fees should be by cash or Bank Draft. Attach two passport size photographs and two self-addressed envelopes.

Payment of Fees:

Candidates will be required to pay their fees in full on gaining admission

Fees once paid are not refundable.

Applicant's Signature: _____ Date: _____

For Office Use Only

- 1) Date received: _____
- 2) Level of Course: _____
- 3) Amount Paid: _____
- 4) Approved by: _____

CONTACT ADDRESS

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