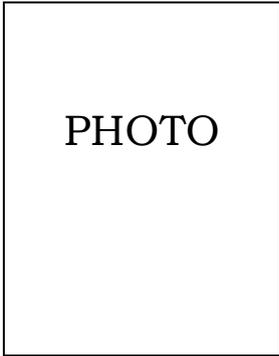




APPLICATION FORM



Please complete in large, bold print.

Title: Mr Mrs Miss

Gender: Male Female

Surname:

First name: Other names.....

Postal address:

Email address: Tel. Number:

Date of birth: Day.....Month.....Year.....

Passport Number..... National ID Number.....

High school/Institution.....

Class/Level..... Year of Graduation

Programme of Interest: HND BBA MBA

Business Tourism Sports Management Transport & Logistics

Option: Day class Evening class

Courses / Specialization of Interest.....

Employment status (Choose by placing an X in the boxes that apply to you)

<input type="checkbox"/> Full time	<input type="checkbox"/> Employed- unpaid worker in family Business
<input type="checkbox"/> Part time	<input type="checkbox"/> Unemployed seeking for full time work
<input type="checkbox"/> Self employed	<input type="checkbox"/> Unemployed seeking for part time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed-not seeking employment.

Your Employment History (If applicable)

If you have any relevant work experience please tell us what sort of work you have done and for how long. Please give job title, whether full-time or part-time, and duration.

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Your Objectives

Why do you want to take this course? (Please tick box / boxes as applicable)

To improve my prospects of employment or career promotion

I have a special interest in the subject

Following friend or parental advice

Other (Please state)

What do you expect to do when you have completed the course?

Progress to a higher level course ? No Yes

Seek employment? No Yes

Your Finances

1 - Any school year started is due

2 - Registration fees and tuition paid:

3 - Payment will be done in advance by the 5th of the current month.

4 -Method of payment: Full Payment Installments

5 - All absences equaling 1/3 of credits expose the student to the following sanctions:

A - Repeat the class **B** - Disqualification

Will you be paying your tuition fees and living expenses yourself? No Yes

If the answer is 'NO', please give name, address, occupation and the relationship to yourself of the person paying.

Name Relationship:

Address:

Telephone No..... Occupation.....

Please tick box if you would like us to send him/her copies of your acceptance letter

Your Medical History

Do you have any disabilities/specific learning difficulties? No Yes

If yes, please list

Do you have any existing medical conditions? No Yes

If yes, please list

How did you hear about the course?

British Embassy Your employer Social media Web search

Your school/college Advertisement BBC University representative

Current or former BBC student Family member Friend Other

I confirm that the information I have given on this application form is correct and that I have read and agree to the notes, terms & conditions above.

Your Full Name

Your signature

Date

PLEASE NOW RETURN THIS COMPLETED FORM TO THE COLLEGE...

By email to: infos@bbcsn.com

Or hand it over to one of our Staff members

FINAL CHECKLIST:

Do not forget to include...

*** Copies of all secondary, post-secondary & university transcripts & certificates.**

*** Evidence of English language proficiency**

*** A copy of the ID card or passport (Optional at the Application stage)**

