

POST-MATRICULATION PROGRAMME (PMP) ADMISSION APPLICATION FORM 2019

PERSONAL PARTICULARS (Please write *in BLOCK letters*)

Please attach a recent passport-sized photograph of yourself here

Family name	First Name	
Date of birth (dd /mm / yyyy)	Place of birth	Age
Father's name	Mother's name	
NRC number	Student's Telephone	
Address	Parent's Telephone	

Sex

- Male
- Female

Marital Status

- Single
- Married

DISABILITIES AND SPECIAL NEEDS

Do you have any disabilities (including but not limited to chronic illnesses, communicable diseases, mental illness, colour blindness, visual or other physical constraints or limitations) which may or may not cause you to require special assistance of facilities while studying at the School?

- Yes
- No

EDUCATION

Please list your education, as well as any courses you are currently enrolled in and their expected completion dates.

From	To	Institution	Degree/Course of Study	Duration of Program (no. of years or months)

For official use only

Date of application form receipt:

Status of application:

- Full
- Partial
- Not processed

Admitted Class:

- PMP I
- PMP II
- PMP III
- PMP IV
- PMP V

For Students

1. I certify that all statements made by me on this form are correct. I understand that any inaccurate or false information (or omission of information) will render this application invalid and that, if admitted on the basis of such information, I may be required to withdraw from the School.
2. I understand that I will need to attend Classes and engage in school activities from 9:00am to 4:00pm (Monday – Saturday) during the course of study and abide the rules and regulations of the School.

Signature _____

Date _____

CHECKLIST

Please ensure that your application includes the following documents:

- Completed admission application form
- Copies of matriculation certificate
- One referee report (Recommendation Letter)
- Copy of NRC card/birth certificate
- Credible Medical Check-up Report

