

Application Form

Programme of Study	
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CLEARLY PRINT YOUR NAME AS IT APPEARS ON YOUR OFFICIAL DOCUMENTS				
Surname				
First Name(s)				
Date of Birth (YYYY/MM/DD)		Sex (Mark With X)	Female	Male
Identity/Passport Number				
Physical Disabilities				
Telephone Numbers (Country Code, Area Code and Number)	Home		Cell	
	Work		Fax	
	Email			
May Your Name and details be given to fellow students for academic purposes (Mark with X)			Yes	No
Postal Address and Postal Code		Physical Address		

Information Given Below Is Used for Statistical Purposes Only

Give Particulars of all previous registrations at other university, technical college, or other tertiary institution, starting with the most recent registration			
Institution	Degree/Diploma	Period From - To	If Degree/Diploma was completed state year

Nationality		Population Group	
Occupation		Economic Sector	

Employment History			
Organisation/Employer	Period	Position	Duties and Responsibilities

Concurrent Registration at other African Tertiary Institution.	
Other Institution	Degree/Diploma

Declaration of undertaking – I declare that all the particulars furnished by me on this form are true and correct, and I undertake to comply with the rules, regulations and decisions of ARLAC and its Collaborating partners, and any amendments thereto, and have taken note of advice which may be applicable to students in general and/or to the field of study for which I intend to register.

Students Signature _____ Date_____