

# Student Application Form



Name of Student Consultant handling student's application			
<b>Personal Information</b>			
Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
First Name(s) (as it appears in student's passport)			
Family Name(s) (as it appears in student's passport)			
Country of Domicile			
Student's Passport Details	Issue Date	Expiry Date	
	Nationality	Date of Birth	
Contact Number including dialing code			
Emergency Contact Number			
Email Address			
<b>Academic Background</b>			
Level of Study Achieved			
Date of Completion			
Marks in Percentage (Where applicable)			
English Certification (If yes, please specify with grade)			
<b>Employment Background</b>			
Work Experience (If any, please specify with dates)			
<b>Future Course Information</b>			
Level of Study			
Course Subject			
Intake	Jan 24 <input type="checkbox"/>	May/June 24 <input type="checkbox"/>	Sep/Oct 24 <input type="checkbox"/> Nov/Dec 24 <input type="checkbox"/>
Budget			
<b>Data Handling &amp; Consent</b>			<b>(Sign or Print Name)</b>
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