

**FACULTY OF INFORMATION COMMUNICATION SCIENCES AND TECHNOLOGY  
APPLICATION FORM**



**APPLICANT INFORMATION**

Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	Region:	
CUCG ID:		

**EDUCATIONAL & EMPLOYMENT INFORMATION**

Highest Level of Education:		
Field of Studies:		
Employment Status	Yes	No
Current Employer:		
Position:		

**SESSION INFORMATION**

Weekdays ( Tick Preferred Session)		
Morning	Afternoon	Evening
Weekends	Saturday	Sunday

**COURSE INFORMATION**

See Attached for Courses. List your Preferred Courses		
1.		
2.		
3.		

**FUTURE COURSE**

List two Courses you would like to take After the Current One		
1.		
2.		

**SOURCE OF COURSE INFORMATION**

Please, How did you hear about this course?		
---	--	--

**SIGNATURES**

I, the undersigned certifies that my statements made in answer to the foregoing questions are true, complete and correct

Signature of applicant:	Date:
-------------------------	-------

**OFFICE ONLY**

Admitted on:	Suitability for Course Applied for:
Admission Officer:	Date: