



EXCELSIOR COMMUNITY COLLEGE SHORT COURSE

STUDENT APPLICATION FORM ACADEMIC YEAR 20 _____ to 20 _____

Receipt No.: _____

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM. YOU SHOULD WRITE CLEARLY IN INK USING BLOCK CAPITALS.

PERSONAL DATA

1. FIRST NAME				2. MIDDLE NAME (S)			
3. SURNAME				4. MAIDEN SURNAME [Family name at birth]			
5. AGE	6. DATE OF BIRTH		7. MARITAL STATUS - Tick the appropriate box:			8. GENDER	
	DD	MM	YY	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	M	F
				Married <input type="checkbox"/>	Widowed <input type="checkbox"/>		
9. NATIONALITY: _____				12. RELIGION: _____			
10. COUNTRY OF BIRTH: _____				13. DENOMINATION: _____			
11. NATIVE LANGUAGE: _____							
14. TAX REGISTRATION NUMBER (TRN): _____							

CONTACT INFORMATION

15. PERMANENT ADDRESS				16. TELEPHONE NUMBERS			
NUMBER & STREET NAME (DISTRICT)				HOME:			
NUMBER & STREET NAME (DISTRICT) LINE 2				WORK:			
TOWN/CITY/PARISH				CELL:			
COUNTRY				17. E-MAIL ADDRESS			

18. ADDRESS WHILE AT COLLEGE (if different from above)				19. TELEPHONE NUMBERS			
NUMBER & STREET NAME (DISTRICT)				HOME:			
NUMBER & STREET NAME (DISTRICT) LINE 2				WORK:			
TOWN/CITY/PARISH				CELL:			
COUNTRY							

EMERGENCY CONTACT

20. FIRST NAME				21. SURNAME			
22. RELATIONSHIP				24. TELEPHONE NUMBERS			
23. ADDRESS				HOME:			
NUMBER & STREET NAME (DISTRICT)				WORK:			
NUMBER & STREET NAME (DISTRICT) LINE 2				CELL:			
TOWN/CITY/PARISH				25. E-MAIL ADDRESS			
COUNTRY							

PROGRAMME

26. PROGRAMME TO WHICH APPLICATION IS MADE:

School/Faculty: _____

Course: _____

28. CAMPUS: Mountain View Wesley Grove Camp Rd. Church Street

29. Intended length of stay at this Institution: _____ Month(s)

30. Were you previously a student at this College? Yes [] No []

If YES: School/Faculty: _____ Year Started: _____

Programme: _____ I.D. No.: _____

ACADEMIC RECORD

31. EDUCATIONAL EXPERIENCE: (LIST THE NAMES OF THE INSTITUTIONS YOU HAVE ATTENDED)

INSTITUTION(S) :	DATE (S) :				PROGRAMME/COURSE	TYPE/LEVEL OF AWARD
	From		To			
	Mth.	Year	Mth.	Year		

ADDITIONAL INFORMATION

32. WORK EXPERIENCE:

EMPLOYED TO:

- PUBLIC SECTOR
 PRIVATE SECTOR

 SELF

YEARS EMPLOYED TO THE COMPANY: _____

COMPANY'S NAME: _____

DEPARTMENT: _____

POSITION HELD: _____

TYPE OF JOB: _____

33. HOW DID YOU OBTAIN INFORMATION ABOUT ECC?

- | | | | |
|--|-----------------------------------|--|---------------------------------------|
| RADIO ADVERTISEMENT <input type="checkbox"/> | INTERNET <input type="checkbox"/> | EMPLOYEE OF ECC <input type="checkbox"/> | CAMPUS VISIT <input type="checkbox"/> |
| TELEVISION <input type="checkbox"/> | FAMILY <input type="checkbox"/> | ALUMNI <input type="checkbox"/> | OTHER <input type="checkbox"/> |
| NEWSPAPER <input type="checkbox"/> | FRIEND <input type="checkbox"/> | CURRENT STUDENT <input type="checkbox"/> | |

IF OTHER PLEASE SPECIFY _____

34. REASON(S) FOR APPLYING:

Please state briefly your reason(s) for applying to this programme. We encourage you to enclose any additional information on a separate sheet if you feel it would help in the consideration of this application.

DECLARATION

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE.

APPLICANT'S NAME [PRINT NAME]	SIGNATURE	DATE
COMMUNITY REPRESENTATIVE'S NAME [PRINT NAME] [Where Applicable]	SIGNATURE	DATE

THIS FORM IS TO BE COMPLETED AND RETURNED TO THE STUDENT AFFAIRS OFFICE ALONG WITH DOCUMENTS BELOW.

FOR OFFICE USE ONLY

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|--|--------------------------|
| | RECEIVED |
| ➤ ORIGINAL & ONE (1) COPY OF BIRTH CERTIFICATE | <input type="checkbox"/> |
| ➤ ONE PASSPORT SIZE PICTURES (NAME, DEPARTMENT & YEAR WRITTEN ON BACK) | <input type="checkbox"/> |
| ➤ APPLICATION FEE \$ _____ (APPLICATION FEE IS NON-REFUNDABLE) | <input type="checkbox"/> |

STUDENT AFFAIRS PERSONNEL SIGNATURE	DATE
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