EXCELSIOR COMMUNITY COLLEGE

ICT 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** (DD MM YY)
7. **MARITAL STATUS** - Tick the appropriate box: Single ☐ Divorced ☐ Married ☐ Widowed ☐
8. **GENDER** M F
9. **NATIONALITY:** _____
10. **COUNTRY OF BIRTH:** _____
11. **NATIVE LANGUAGE:**
12. **RELIGION:** _____
13. **DENOMINATION:** _____
14. **TAX REGISTRATION NUMBER (TRN):** ___-___-___

CONTACT INFORMATION

15. **PERMANENT ADDRESS**
NUMBER & STREET NAME (DISTRICT)
NUMBER & STREET NAME (DISTRICT) **LINE 2**
TOWN/CITY/PARISH
COUNTRY

16. **TELEPHONE NUMBERS**
HOME:
WORK:
CELL:

17. **E-MAIL ADDRESS**

18. **ADDRESS WHILE AT COLLEGE (If different from above)**
NUMBER & STREET NAME (DISTRICT)
NUMBER & STREET NAME (DISTRICT) **LINE 2**
TOWN/CITY/PARISH
COUNTRY

19. **TELEPHONE NUMBERS**
HOME:
WORK:
CELL:

EMERGENCY CONTACT

20. **FIRST NAME**
21. **SURNAME**
22. **RELATIONSHIP**
23. **ADDRESS**
NUMBER & STREET NAME (DISTRICT)
NUMBER & STREET NAME (DISTRICT) **LINE 2**
TOWN/CITY/PARISH
COUNTRY

24. **TELEPHONE NUMBERS**
HOME:
WORK:
CELL:

25. **E-MAIL ADDRESS**

PROGRAMME

26. **PROGRAMME TO WHICH APPLICATION IS MADE:**

School/Faculty: *School of Computer Studies*

Course: _____

28. **CAMPUS:** Mountain View ☐ Wesley Grove ☐ Camp Rd. ☐ Deanery Road ☐ 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.:** _____