

# CAREER DREAMS CENTRE

<b>DOCUMENT TITLE: Application for Admission</b>	
<b>ISSUING DEP:</b> CDC Management	<b>APPLIES TO:</b> all students
<b>PUBLISHED:</b> 11 JUL 2019	<b>LAST EDITED:</b> 11 July 2019
<b>DOCUMENT NO:</b> CDC_ST_F01	<b>VERSION:</b> 01
<p>Students must use this form to file their application for admission. They will complete sections 1 to 15 (pages 1 &amp; 2). The following must be noted:</p> <ul style="list-style-type: none"> <li>✓ All information must be written in CAPITAL letters.</li> <li>✓ The name given on the form will be used in all internal and official records.</li> <li>✓ A copy of the Omang / Passport must be attached.</li> <li>✓ Four recent passport-size photos must be attached.</li> <li>✓ Copies of testimonials and school certificates / diplomas must be attached.</li> <li>✓ Signed payment &amp; refund polies must be attached.</li> <li>✓ A non-refundable application fee of BWP200/- must be paid upon submission at the reception.</li> <li>✓ Once eligible for study, the student must pay the required deposit at least 4 weeks prior to program start.</li> </ul>	
<b>1 - Course applied for:</b>	
<b>Alternative Course(s):</b>	
<b>2 - Start Date:</b>	<b>Duration:</b>
<b>3 - Student Name:</b> (first, middle, last)	
<b>4- Date of Birth</b>	<b>Place of Birth:</b>
<b>5 - Omang/Passport No:</b>	<b>Age:</b>
<b>6 - Gender:</b> ( ) male    ( ) female	<b>Marital Status:</b> ( ) single    ( ) married
<b>7 - Nationality:</b>	<b>Phone No:</b>
<b>8 - Physical Address:</b>	
<b>9 - Postal Address:</b>	
<b>10 - Next of Kind:</b> (name & relationship) (phone no & email)	
<b>11 - Do you have any physical disabilities? If yes, please specify</b>	



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CDC Internal Use
<b>16 - Application Accepted:</b> ( ) Yes ( ) No If no, specify reason, include option if possible:
<b>Date &amp; Signature of Academic Registrar:</b>
<b>17 - Personal Interview Required:</b> ( ) Yes ( ) No
<b>18 - Date &amp; Time of Interview:</b>
<b>19 - Name of Lecturer present:</b>
<b>20 - Decision:</b> ( ) Admitted ( ) Not Admitted If no, specify reason:
<b>Signature &amp; Date - Lecturer:</b>
<b>Date &amp; Signature of Academic Registrar:</b>