

CAREER DREAMS CENTRE

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

CAREER DREAMS CENTRE

12 - Program/Course Fee:	Examination Fee:			
How do you intend to pay for the fees? <input type="checkbox"/> one sum <input type="checkbox"/> installments If the fees will be paid in instalments, please attach the duly filled and signed Fee Payment Schedule.				
13 - Relevant Work Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name & Address of Employer:				
Position & Nature of Work:				
14 - Educational Background:				
Name of School / College	Address	From	Attended To	Qualification & Grade
15 - Declaration: I, the undersigned declare that all information given in this application is true and correct, and that I have provided all required information to the best of my knowledge. I also understand that misleading or false information may result in the application being denied.				
Signature & Date - Student:				
Signature & Date - Parent /Sponsor:				

CAREER DREAMS CENTRE

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