



# APPLICATION FOR ADMISSION FOR STUDY IN 2016/2017

FULL TIME / PART TIME

## CSCT Campus

48 Thalawathugoda Road

Pita Kotte, Sri Lanka

P: 94 11 4061263.2864724 E: contact@csct.edu.lk

Application No: \_\_\_\_\_

Date Received: \_\_\_\_\_

Course Code: \_\_\_\_\_

Batch No: \_\_\_\_\_

Please note: All application should be duly filled and handed over or posted to CSCT Campus

### SECTION A

#### PERSONAL DETAILS

Title (Mr/Miss/Mrs)	_____
Surname / Last Name:	_____
First / Middle Name/s:	_____
Date of Birth:	____ / ____ / ____
ID or Passport No:	_____
Gender: (M or F)	_____

How name should appear on the Pearson (Edexcel) certificate with initials (Maximum of 26 Letters)

### SECTION B

#### CONTACT DETAILS

Permanent Address:	_____ _____ _____ _____
Home Telephone No:	_____
Mobile No:	_____
Email Address:	_____ @ _____

### SECTION C

#### PROGRAMME OF STUDY

HND in:	_____
Other:	_____
Study Mode:	Full Time: _____ Part Time: _____

### SECTION D

#### EDUCATIONAL DETAILS

Qualification/s:	(e.g.. A/L's) _____
(Attach copies of evidence)	_____
Institution/School:	_____
Year:	_____

CSCT STUDENT NO.

**SECTION E****WORK EXPERIENCE**

Please note if you do not have any formal academic qualifications, you must have at least 5 years relevant industry experience to apply to CSCT Campus. Please attach a statement no more than one page long giving details of your work experience and two work related references.

Last Employer: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Period: \_\_\_\_\_ to \_\_\_\_\_  
 Letter Attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_

ADMISSION FEES PAYMENTS:  
RECEIPT NO. & DATE

**SECTION F****CHECKLIST**

- \* Completed all aspects of the application
- \* Attached certified copies of all educational qualifications
- \* Attached a certified copy of Birth Certificate (English) or Passport
- \* Attached 1 passport size photo + 1 stamp size photo
- \* Statement of experience if necessary


AGREED PAYMENT PLAN

**SECTION G****GUARDIAN DETAILS**

Name: \_\_\_\_\_  
 Contact No: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

EDEXCEL FEE PAYMENT / 3RD PARTY  
FEES PAYMENT DETAILS / DATE

**SECTION H****EMERGENCY CONTACT**

Name \_\_\_\_\_  
 Contact No \_\_\_\_\_  
 Relationship \_\_\_\_\_

CHECKED AND ENTERED BY

**SECTION H****DECLARATION & DISCLAIMER**

I declare the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment. I accept liability for payment of all fees and confirm that I am able to meet these costs.

CSCT Campus reserves the right to make variations to the contents or methods of delivery of courses, to discontinue, merge or combine course, and to introduce new courses.

Signature of Applicant: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Date: \_\_\_\_\_