



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

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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: _____