



APPLICATION FOR ADMISSION FOR STUDY IN 18/19

FULL 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

PLEASE USE CAPITAL LETTERS

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 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

HNC in:	_____
Other:	_____
Study Mode:	Full 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: _____