

FOR OFFICIAL USE

App Chk'd	App Ent'd	Student ID		Processing Fee (Receipt #)	
Docs Chk'd	Credit Assessed	Registration date	dd/mm/yy	Offer letter emailed	dd/mm/yy
Decision					

University of Seychelles

Programme Application Form

PLEASE COMPLETE IN CAPITAL LETTERS

ick ☑ boxes as approp REGISTRATION DETA		arked with an (*) are	compulsory and	must be completed	d.		
	ramme/ Course/ Pa		Campus offering the programme Anse Royale Mont Fleuri				
How did you learn about Newspaper Word of mouth Television	University Facebook Other	If you are applying for a degree programme, in one sentence state where you would like to follow the programme:					
APPLICANT'S DETAI		ppear on your ID card	1)	Surname*			
NIN*		Date of B		Gender*			
Home Tel	*	Mobile) *	Work Tel*			
Personal e-mail Address* (cannot be same as work e-mail) Complete Address*		Employment Government Private Compan On ANHRD scho Unemployed	У	Category Wholesale Health Tourism Utilities Agriculture Transport Fisheries Education Leisure & Sport Non Profit Social Services Others Administration			
NEXT OF KIN (TO BE CONTACTED I Full Name*		Relation*	Mobile *	Work*	Home*		
2							
TWO HIGHEST EDUCATION QUALIFIED Name of Qualification			arding Institute	From (yy)	(yy)		
				(yy)	(yy)		

EMPLOYMENT (CURRENT A	ND PREVIOUS)										
Name of Compa		Post Title		From	То						
					(yy)	(yy)					
EMPLOYMENT DETAILS											
Company No	Company Name*				Company's Complete Address*						
Work Mobile*	Work Mobile* Work Tel*			Work E-	mail*						
INVOICING DETAILS (WHO	WILL BE PAYING	YOUR FEES?)								
Name of HR Manager*		Conta	ct Name*								
Work Tel*		Home	Tel*								
<u> </u>											
Work Mobile		Mobile	e *								
Work E-mail*		E-mai	! *								
Billing Address*		Billing	Address*								
HR Manager's Signature*		Conta Signat									
Date* dd/mm/yy		Date*			dd/mm/yy						
Please state any disability/	medical conditio	n/allergy y	ou would wi	ish to into	orm the Unive	ersity of:					
ADDUCANT'S CUECNUST A	ND DECLARATION		•••••	•••••	•••••	•••••					
APPLICANT'S CHECKLIST A											
<u>All</u> applicants must submit a cop If you are applying for a diploma			olegse submit:	the followin	oa:						
Copies of certificates/tran	_				_	itv)					
2. Two passport-sized photos		·	, ,			,,					
3. CV and Reference letter (4. Payment of the non-refundation)				-							
Please find below our ban		_		proor or po	аупп о пп						
TICASCIIIIA DGIOW OUI DAII		Bank Account									
			ity of Seychelle	es							
	Acco	ount No.: 0100	2038225006								
	Bank	: Nouvobang,	. Seychelles								

Branch: Victoria House Mahe

Swift Code: NOVHSCSC

Important:

Your application will be processed only if you have submitted a complete application, required documents and the application processing fee if required.

I certify that all the information given above is true.

Applicant's Full Name Signature Date

Please submit your completed application by:

Post: Student Support Services Anse Royale campus, PO Box 1348, Victoria, Mahé