



FOR OFFICE USE							
App Chk'd		App Ent'd		Student ID		Processing Fee (Receipt #)	
Docs Chk'd		Credit Assessed		Registration date	dd/mm/yy		
Decision							

UniSeY Application Form (Short Course)

PLEASE COMPLETE IN CAPITAL LETTERS

Tick boxes as appropriate. All sections marked with an (*) are compulsory and must be completed.

REGISTRATION DETAILS

Short Course you are applying for

APPLICANT'S DETAILS

First Name(s)* *(State the first two, if you have more than two, as per your NIN card – please note same will appear on the final transcript and certificate)*

Surname*

Mr/ Mrs/ Ms/ Miss

NIN*

Date of Birth*

Gender*

M	F
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Home Tel*

Mobile*

Work Tel*

Personal e-mail Address*

(cannot be same as work e-mail)

Complete Address*

Employment Sector

Government	<input type="checkbox"/>
Private Company	<input type="checkbox"/>
On ANHRD scholarship	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>

Category

Wholesale	<input type="checkbox"/>	Health	<input type="checkbox"/>
Tourism	<input type="checkbox"/>	Utilities	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Fisheries	<input type="checkbox"/>	Education	<input type="checkbox"/>
Leisure & Sport	<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	Others	<input type="checkbox"/>
Administration	<input type="checkbox"/>		<input type="checkbox"/>

NEXT OF KIN (TO BE CONTACTED IN CASE OF EMERGENCY)

Full Name

Relation

Mobile

Work

Home

EMPLOYMENT DETAILS

Company Name*

Company's Complete Address*

Work Mobile*

Work Tel*

Work e-mail*

DETAILS OF SPONSOR

My workplace

Self -funding/ Other sponsor

* Please state billing address

Please state any relevant disability/medical condition/allergy/dietary restriction you would like to share with the University:

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APPLICANT'S CHECKLIST AND DECLARATION

All applicants must submit;

1. A copy of their NIN/ID card or passport.
2. Payment of the non-refundable application processing fee of SCR250 (if applicable)

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 complete application by **e-mail** at student.services@unisey.ac.sc.

Or by Post: Student Services Section, Anse Royale Campus, PO Box 1348, Victoria, Mahe.