



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

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

REGISTRATION DETAILS

Programme/ Course/ Paper applying for*

Campus offering the programme

Anse Royale	<input type="checkbox"/>
Mont Fleuri	<input type="checkbox"/>

How did you learn about the programme?

Newspaper	<input type="checkbox"/>	University	<input type="checkbox"/>
Word of mouth	<input type="checkbox"/>	Facebook	<input type="checkbox"/>
Television	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you are applying for a degree programme, in one sentence state why you would like to follow the programme:

APPLICANT'S DETAILS

First Name(s)* (As appear on your ID card)

Surname*

Mr/ Mrs/ Ms/ Miss

NIN*

Date of Birth*

Gender*

M	<input type="checkbox"/>	F	<input type="checkbox"/>
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Home Tel*

Mobile*

Work Tel*

Personal e-mail Address*

(cannot be same as work e-mail)

Complete Address*

Employment Sector

Category

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

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"/>		

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

Full Name*

Relation*

Mobile *

Work*

Home*

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TWO HIGHEST EDUCATION QUALIFICATIONS

Name of Qualification

Awarding Institute

From

To

EMPLOYMENT (CURRENT AND PREVIOUS)

Name of Company	Post Title	From	To
		(yy)	(yy)

EMPLOYMENT DETAILS

Company Name*	Company's Complete Address*	
Work Mobile*	Work Tel*	Work e-mail*

INVOICING DETAILS (WHO WILL BE PAYING YOUR FEES?)

<input type="checkbox"/> Myself	<input type="checkbox"/> My Workplace	<input type="checkbox"/> Other Sponsor
	Name of HR Manager*	Contact Name*
	Work Tel*	Home Tel*
	Work Mobile	Mobile*
	Work e-mail*	e-mail*
	Billing Address*	Billing Address*
	HR Manager's Signature*	Contact's Signature*
	Date* dd/mm/yy	Date* dd/mm/yy

Please state any disability/medical condition/allergy you would wish to inform the University of:

APPLICANT'S CHECKLIST AND DECLARATION

All applicants must submit a copy of their ID card or passport.

If you are applying for a **diploma, degree** or **master's** programme, please submit the following:

1. Copies of certificates/transcripts for qualifications listed (*certified by Seychelles Qualifications Authority*)
2. Two passport-sized photos
3. CV and Reference letter (*only if you are applying for a degree or master's programme*)
4. Payment of the non-refundable application processing fee of SCR300 and proof of payment

Please find below our bank detail for application fee payment.

Bank Account Details

Account Name: University of Seychelles

Account No.: 01002038225006

Bank: Nouvobanq, Seychelles

Branch: Victoria House Mahé

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
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Please submit your completed application by:

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

e-mail: marketing@unisey.ac.sc