



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* <input type="text"/>	Campus offering the programme <input type="checkbox"/> Anse Royale <input type="checkbox"/> Mont Fleuri <input type="checkbox"/> The Guy Morel Institute
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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: <input type="text"/>
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APPLICANT'S DETAILS

First Name(s)* (As appear on your ID card) <input type="text"/>	Surname* <input type="text"/>
Mr/ Mrs/ Ms/ Miss <input type="checkbox"/>	
NIN* <input type="text"/>	Date of Birth* <input type="text"/> dd/mm/yy
	Gender* <input type="checkbox"/> M <input type="checkbox"/> F
Home Tel* <input type="text"/>	Mobile* <input type="text"/>
	Work Tel* <input type="text"/>
Personal e-mail Address* (cannot be same as work e-mail) <input type="text"/>	

Complete Address* <input type="text"/>	Employment Sector <input type="checkbox"/> Government <input type="checkbox"/> Private Company <input type="checkbox"/> On ANHRD scholarship <input type="checkbox"/> Unemployed	Category <input type="checkbox"/> Wholesale <input type="checkbox"/> Tourism <input type="checkbox"/> Agriculture <input type="checkbox"/> Fisheries <input type="checkbox"/> Leisure & Sport <input type="checkbox"/> Social Services <input type="checkbox"/> Administration <input type="checkbox"/> Health <input type="checkbox"/> Utilities <input type="checkbox"/> Transport <input type="checkbox"/> Education <input type="checkbox"/> Non Profit <input type="checkbox"/> Others
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NEXT OF KIN (TO BE CONTACTED IN CASE OF EMERGENCY)

	Full Name*	Relation*	Mobile *	Work*	Home*
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TWO HIGHEST EDUCATION QUALIFICATIONS

Name of Qualification	Awarding Institute	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/> (yy)	<input type="text"/> (yy)
<input type="text"/>	<input type="text"/>	<input type="text"/> (yy)	<input type="text"/> (yy)

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 <table border="1"> <tr><td>Name of HR Manager*</td><td></td></tr> <tr><td>Work Tel*</td><td></td></tr> <tr><td>Work Mobile</td><td></td></tr> <tr><td>Work e-mail*</td><td></td></tr> <tr><td>Billing Address*</td><td></td></tr> <tr><td>HR Manager's Signature*</td><td></td></tr> <tr><td>Date*</td><td>dd/mm/yy</td></tr> </table>	Name of HR Manager*		Work Tel*		Work Mobile		Work e-mail*		Billing Address*		HR Manager's Signature*		Date*	dd/mm/yy	<input type="checkbox"/> Other Sponsor <table border="1"> <tr><td>Contact Name*</td><td></td></tr> <tr><td>Home Tel*</td><td></td></tr> <tr><td>Mobile*</td><td></td></tr> <tr><td>e-mail*</td><td></td></tr> <tr><td>Billing Address*</td><td></td></tr> <tr><td>Contact's Signature*</td><td></td></tr> <tr><td>Date*</td><td>dd/mm/yy</td></tr> </table>	Contact Name*		Home Tel*		Mobile*		e-mail*		Billing Address*		Contact's Signature*		Date*	dd/mm/yy
Name of HR Manager*																														
Work Tel*																														
Work Mobile																														
Work e-mail*																														
Billing Address*																														
HR Manager's Signature*																														
Date*	dd/mm/yy																													
Contact Name*																														
Home Tel*																														
Mobile*																														
e-mail*																														
Billing Address*																														
Contact's Signature*																														
Date*	dd/mm/yy																													

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

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APPLICANT'S CHECKLIST AND DECLARATION

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

If you are applying for a **certificate, 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 SCR250 and proof of payment

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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For programmes offered by **The Guy Morel Institute**, please submit your complete application by:

Post: Student Registration & Admission Office
The Guy Morel Institute, PO Box 678, Victoria, Mahe

e-mail: lucie@unisey.ac.sc
alekah@unisey.ac.sc

For programmes offered by **Anse Royale and Mont Fleuri Campuses**, please submit your complete application by:

Post: Student Registration & Admission Office
Anse Royale Campus, PO Box 1348, Victoria, Mahe

e-mail: registrationofficer@unisey.ac.sc