

APPLICATION FORM FOR ADMISSION

Degree
 Diploma
 Certificate
 Short Courses

Year of Application

Write your option here

Local

Write your option here

International

Write your option here

Full Time
 Part Time
 Online
 Block Release

New Student
 Former Student

Progression
 Reinstatement
 Change of Program

PERSONAL DETAILS

First Name
 Middle Name
 Surname

Date of Birth
 Gender
 Nationality
 ID/Passport No

CONTACT DETAILS

Postal Address
 Cell No. 1
 Cell No.2

Physical Address
 Email Address

Next of Kin Details
 Cell No
 Relationship

SPONSORSHIP DETAILS

Self Sponsored
 Government Sponsored
 Company Sponsored

Social Program (OVC)
 Orphan
 Needy
 SEN
 RAD
 Other

EDUCATIONAL BACKGROUND

Secondary School
 Year
 Certificate Attained
 Results/Grade

Tertiary Education
 Year
 Certificate Attained
 Results/Grade

WORK EXPERIENCE

Name of Employer

Profession/Position

Period/Duration

DISABILITY/ILLNESS

Do you have any disability or chronic illness? Yes No

If YES please state the nature of disability or chronic illness and the accomodations that you would to be provided with.

Why Tebelopele College?

Please state why you would like to study at Tebelopele College?

How did you hear about Tebelopele College?

- Facebook
 Website
 Radio
 Television
 Newspaper
 HRDC FAIR
 Roadshow
 Career Fair
 Word of Mouth
 Other

Applicant's Declaration

I declare that all the information is true and correct to the best of my knowledge and belief. I am aware that the College reserves the right to reject any application and or withdraw and cancel any offer of admission should all or part of the above information be found to be untrue and or incorrect, or if an offer was erroneously made. I agree that if I am accepted at the College I shall be under the disciplinary control of the College authorities and I undertake to acquaint myself with, and to conform to the rules and regulations of the College. I also declare that I have read instructions and information leaflet that was attached to this form.

Mr/Ms/Mrs: _____ ID Number: _____ Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Application Fee Receipt No.: _____

Name of Recipient: _____

Date of Receiving Form: _____

Signature of Recipient: _____

Attachments

Please attach certified copies of your ID/Passport, certificates,transcript, proof of registration fee and other relevant documents.

T's & C's apply