



APPLICATION FORM (CYRYX STUDENT ASSOCIATION)

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Student Name	
Cyryx ID Number	
Batch Number	
Course Studying	
Contact number	
Email	
Position Applying for	<input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Communications Director <input type="checkbox"/> Education Director <input type="checkbox"/> Events Director <input type="checkbox"/> Alumni Director
Referee Name and Contact (Lecturer or external member)	

Student Signature: _____

Date: _____