

APPLICATION FORM

(Professional Courses)

Keneree Magu, Male', Maldives, Tel: (960) 3315872, Fax: (960) 3321012 Bodurasgefaanu Magu, Male', Maldives, Tel: (960) 3314620, Fax: (960) 3321012 Email: info@cyryxcollege.edu.mv, Website: www.cyryxcollege.edu.mv

Please write in **BLOCK** LETTERS using a blue or black pen A non-refundable application processing fee would be applicable to all applications

SECTION A: 0	COUR	SE DE	TAILS																	
Course Name																				
SECTION B: F	PERSC	DNAL	INFO	RMAT	ION															
Title	Mr.			[Ms			Miss				Mrs.								
Full Name																				
Gender		M			F		•	Natio	onality											
NID No.								PP No.												
Date of Birth								Marital Status				Single				Married				
SECTION C: 0	CONT	ACT II	NFORI	MATIC	ON															
Permanent Address																				
Correspondence Address																				
Telephone No.	Mobile				Hom			ne				Office								
Email																				
						•	•	•			•	•			•					
SECTION D: I	PROF	ESSIO	NAL I	NFOR	MATI	ON														
Current Position																				
Company Name																				
Years of experience	ce in c	urrent	positio	n					•								•			
Please indicate yo	ur pre	vious p	osts? (Please	specify	y your	positic	on, year	s of ex	perien	ce and	the er	nploye	r)						
SECTION E: H	lOW_	DO YO	DU KN	IOW A	ABOU	T US	?													
Open Day			alk-ins					y Cyryx	Stude	nt		Social	Media							
	Advertisement Education fair										_=	Other								

SECTION F: PARTICIPANT DECLARATION									
I understand and agree that this is a professional course and it is not accredited by Maldives Qualification Authority (MQA) under the Maldives National Qualification Framework (MNQF) as a formal academic program. Accreditation, recognition and provision of Advance Standing to the topics taught in this course by the MQA lie solely on MQA's discretion.									
I declare to the best of my knowledge the information entered on this form is correct and complete.									
I agree that I will comply with all policies, rules and regulations of Cyryx College									
I understand that I am liable for payment of all fees and failure to pay any outstanding fees by the due date may lead to cancellation of my enrolment.									
I understand that if I cancel and receive a full refund, I must submit my request for cancellation in writing at least 10 days prior to the program start date and if I submit my request after 9 to 4 days before the program start date, I will receive a refund equal to 50% of the full program fee and if I submit my request after 3 days of the program start date, I am not eligible to receive a refund.									
I agree that cancellation requests are valid only upon Cyryx College confirming receipt of my request.									
Signature Date DD/MM/YYYY									
SECTION G: SPONSOR DECLARATION									
I/We, (Sponsor Name:) hereby confirm that we will be sponsoring the full fees in accordance with the payment terms of Cyryx College incur for (Student name:) to take part in the executive training stated on this application.									
Signature Date DD/MM/YYYY									
COLLEGE									
SECTION H: SUPPORTING DOCUMENTS REQUIRED TO SUBMIT WITH THE APPLICATION (please submit the following with the application)									
Copy of NID card/Passport									
SECTION I: FOR OFFICE USE ONLY									
Received by Full Name:	Date: DD/MM/YYYY								
Application status Accepted Rejected									

