



APPLICATION FORM (National Certificate Courses)

Kenerree 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



for office use only

Student Number

--	--	--	--	--	--	--	--	--	--

Please write in **BLOCK LETTERS** using a blue or black pen

SECTION A: COURSE DETAILS

COURSE NAME	
-------------	--

SECTION B: PERSONAL INFORMATION

TITLE	<input type="checkbox"/> Mr. <input type="checkbox"/> Mis. <input type="checkbox"/> Mrs.		
FULL NAME			
EDUCATION QUALIFICATION			
ID NUMBER			DATE OF BIRTH : DD/MM/YYYY

SECTION C: CONTACT INFORMATION

PRESENT ADDRESS			
PERMANENT ADDRESS			
TELEPHONE NUMBER	MOBILE	HOME	OFFICE
EMAIL			

SECTION D: PARENT / GUARDIAN INFORMATION

NAME			
ADDRESS			
TELEPHONE NUMBER	MOBILE	HOME	OFFICE
NEED SPECIAL ATTENTION OR CARE	Yes <input type="checkbox"/> Please Specify: _____ No <input type="checkbox"/>		

SECTION E: STUDENT DECLARATION

- I declare to the best of my knowledge the information entered on this form is correct and complete.
- I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my academic or employment records or citizenship status may result in the withdrawal by the College of a place which may be offered, and that this withdrawal may take place at any stage during the course I undertake.
- I undertake that I will comply with all policies, rules and regulations of CYRYX College including those of the respective schools.
- I hereby permit CYRYX College to release details of my examination results and progress at CYRYX to my parents, guardian and/or sponsor.

SIGNATURE		DATE	DD/MM/YYYY
-----------	--	------	------------

SECTION F: SUPPORTING DOCUMENTS REQUIRED TO SUBMIT WITH THE APPLICATION (Please submit the following with the application)

- Attested copies of academic achievements and transcripts
- School leaving certificates
- Copy of NID card/PP
- 2 Passport size photographs
- Student registration fee (Please refer to course fee)

SECTION G: FOR OFFICE USE ONLY

RECEIVED BY	FULL NAME:	DATE: DD/MM/YYYY	
APPLICATION STATUS	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED		
EXEMPTIONS		COLLEGE SEAL	
REMARKS			
APPROVED BY	FULL NAME:	SIGNATURE	DATE: DD/MM/YYYY
ENROLLED BY	FULL NAME	SIGNATURE	DATE: DD/MM/YYYY
OFFER LETTER	<input type="checkbox"/> ISSUED	SIGNATURE	DATE: DD/MM/YYYY