



ADMISSION FORM

PERSONAL DETAILS

Title: Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname:	First Name(s):
Date of Birth:	Place of Birth:
Nationality:	Marital Status:

CONTACT INFORMATION

Name of Company:
Postal Address:
Telephone Number:
E-Mail:

JOB EXPERIENCE

#	Name of Organization(s)	Position(s) Held	From	To	Years
1					
2					
3					
4					

ACADEMIC HISTORY

#	Name of Institution(s)	From	To	Qualification(s)
1				
2				
3				
4				

CHOICE OF PROGRAMME

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CERTIFICATION

I, _____, certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that the Trust Institute of Management Excellence (TIME) reserves the right to honour my application or otherwise based on merit. I also understand that TIME reserves the right to revoke my studentship upon discovery of any false statement or document submitted to the institute.

Applicant's Signature: _____ Date: _____

(Note: Applicant must submit this form together with a recent CV and two passport size photographs)

OFFICE USE ONLY

Course Offered:	Batch:
Student ID#:	Processed by:
Date:	Signature: