



in association with



Application form

Please print in BLOCK LETTERS

Personal Details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other
Family name:
Given names:
Preferred name:
Date of birth: / / (day/month/year)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of birth:
Nationality:
Nic Number:

Contact Details

Address:
Home telephone:
Mobile telephone:
Business telephone:
E-mail:

Education Details

Highest level achieved

Name of qualification:
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Language of instruction:
Will you be applying for exemptions? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

If you believe you have relevant employment experience, please attach resume and references.

Course Preferences

University Foundation Program <input type="checkbox"/> Business <input type="checkbox"/> IT/Science
Diploma – University Level <input type="checkbox"/> Business <input type="checkbox"/> Computing & Information Technology <input type="checkbox"/> Associate Degree of Tourism Management
Please specify the semester in which you wish to begin your studies: Year <input type="text"/> March <input type="checkbox"/> June <input type="checkbox"/> October <input type="checkbox"/>

Other Information

How did you first learn about ACBT? You may tick more than one. <input type="checkbox"/> Exhibition/Seminar <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Recommended by a friend/relative Is your friend/relative a ACBT student? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommended by an education agent <input type="checkbox"/> Internet <input type="checkbox"/> Other
Please specify:

Application Checklist

Check that you have: <input type="checkbox"/> Completed all sections of the Application Form <input type="checkbox"/> Read and understood the Conditions of Enrolment including the Fee Refund Policy on page 22.
Check that you have attached: <input type="checkbox"/> Certified copies of your academic qualifications <input type="checkbox"/> Evidence of your English language proficiency (if required) <input type="checkbox"/> A copy of your passport, visa or birth certificate (if required) <input type="checkbox"/> Any relevant employment documentation (if required)
Disability Declaration: Do you have a disability or any long term medical condition which may affect your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please indicate the area of impairment to enable ACBT to provide assistance: Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Medical <input type="checkbox"/> <input type="checkbox"/> Other Please indicate: _____

Declaration

I declare the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment.

I also understand that fees may increase. I accept liability for payment of all fees as explained in the ACBT Brochure, and I agree to abide by the Refund Policy as specified in the ACBT Brochure.

Applicant's signature

Date: / / (day/month/year)

If you are under 18 years of age, your parent or guardian must also sign this application form.

Parent's/Guardian's signature (if applicable)

Date: / / (day/month/year)

Postal address for applications

ACBT
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