

Application Form

(This form is for preliminary assessment)

NOTE: If not enough space to complete, please add a new sheet of paper. Please use **black ink** and use **BLOCK CAPITAL LETTERS** to complete this form.

PROGRAMME/COURSE APPLIED FOR			COURSE START DATE		PHOTO 2 x Passport Size Pictures DO NOT STAPLE OR GLUE USE PAPER CLIP ONLY
PERSONAL INFORMATION					
TITLE (MR/MRS/MISS)	FIRST NAME	MIDDLE NAME	LAST NAME/FAMILY NAME/SURNAME		
NATIONALITY	VISA REQUIRED TO ENTER THE UK		DATE OF BIRTH (DD/MM/YYYY)		
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
FULL ADDRESS		POST CODE	PROVINCE / COUNTY		
		CITY	COUNTRY		
PHONE (DAY TIME)		PHONE (EVENING)		EMAIL ADDRESS	
NEXT OF KIN			RELATIONSHIP		
NEXT OF KIN ADDRESS			POST CODE	PROVINCE / COUNTY	
			CITY	COUNTRY	
PHONE (DAY TIME)		PHONE (EVENING)		PHONE (MOBILE)	
WORK EXPERIENCE (IF ANY) – Continue on a separate sheet if necessary					
EMPLOYER	DATES		POSITION/DESCRIPTION		
	FROM	TO			
PREVIOUS EDUTCATION – Continue on a separate sheet if necessary					
SCHOOL/COLLEGE/UNIVERSITY	DATES		QUALIFICATION/CERTIFICATION OBTAINED		
	FROM	TO			

PLEASE ADD FURTHER INFORMATION HERE, YOU MAY LIKE THE ADMISSION TEAM TO CONSIDER WHEN ASSESSING YOUR APPLICATION
(You may continue on a separate sheet if needed)

DO YOU HAVE ANY SPECIAL NEEDS?

REFERENCES

REFERENCE NO 1	REFERENCE NO 2
NAME	NAME
COMPLETE ADDRESS INCLUDING CITY/COUNTY/STATE/PROVINCE & COUNTRY	COMPLETE ADDRESS INCLUDING CITY/COUNTY/STATE/PROVINCE & COUNTRY
PHONE (DAY TIME)	PHONE (DAY TIME)
PHONE (EVENING)	PHONE (EVENING)
RELATIONSHIP	RELATIONSHIP

This Application will only be accepted if full fees are paid in advance.

Please send your completed admission form to:
International School of Business Studies
204-226 Imperial Drive
Rayners Lane, Harrow
Middlesex HA2 7HH
United Kingdom

Ph: +44 (0)20 8872 4103/4
Email: info@isbs.org.uk

Fax:+44 (0)20 8872 4105
www.isbs.org.uk

I confirm that I have provided the correct information to the best of my knowledge and I have read and agree with the terms and conditions of ISBS. If I provide false information, or any of the information is found to be incorrect, my admission may be canceled and admission fees may be forfeited.

Applicant Signature: _____

Name: _____

Date: _____

International School of Business Studies holds and process information about all the students for administrative, academic, funding and health and safety reasons. The information you have provided on this form will be used for the purpose of processing your application in accordance with the Data Protection Act of 1998. All the information is strictly confidential and will not be shared with any external organization but may be used to provide you with further information on study opportunities at ISBS or its Affiliate Bodies, Organizations and Awarding Bodies. If you DO NOT want to be contacted please tick this box:

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX

APPLICATION ASSESSED BY	ADMISSION OFFERED	REGISTRATION NUMBER
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROGRAMME/COURSE OFFERED	STARTING	
COMMENTS		

Please note that upon successful completion of your admission process, you will be issued an official letter from the Admission Office of International School of Business Studies. Until issuing of that letter, your admission to the applied programme/research is not guaranteed. Terms & Conditions apply.