



TRINITY UNIVERSITY
Certificate/Diploma/Undergraduate/Postgraduate
Application for Admission

Program of Study:



Personal Details

Name

First

Middle

Last

Preferred First Name

Mr. Mrs. Ms. Dr.

Other family name(s)

Maiden Name

Address Permanent Contact

Tel _____ Tel _____

E-Mail _____

Address _____

(Father's / Guardian's) _____

Tel _____

Biographical Information: M

F

Birth Date DD MM YY:

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Married

Single

Citizenship

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Native Language _____

Language

Language

Proficiency Level (1 =Novice, 5=Total)

Educational Qualification

Name of School / College / University	Qualification	Subjects	Marks/Grade Scored	Year of Passing

Professional Qualification

Name of School / College / University	Qualification	Subjects	Marks/Grade Scored	Year of Passing

Aptitude Test Have Taken

XAT
 GMAT
 CAT
 OMSB Test

Wish to take

Employment ad Work Experience (if applicable)

Name of Employer	Post Held	Key Responsibilities	Duration

You will need to furnish documents in support of you statement

Extra Curricular Activities (if any)

Activity	Individual / Group Participation	Positions held / secured

Further Supporting information

What are your career objectives?

Source of Information About This Course

Alumni	<input type="checkbox"/>	MBA Forum	<input type="checkbox"/>	Colleague / Friend	<input type="checkbox"/>	Internet	<input type="checkbox"/>
Current Students	<input type="checkbox"/>	Journal	Career	<input type="checkbox"/>	Service Newspaper	<input type="checkbox"/>	<input type="checkbox"/>
Education Fair	<input type="checkbox"/>	Other, please specify	<input type="checkbox"/>	_____			

References

(Referees should not be your relatives)

Two referees are required (preferably one should comment on your academic ability and another on your employment experience (if applicable)). Applicants are responsible for ensuring that references are sent by referees. Applications cannot be processed until both references are received. Please indicate the name, positions and addresses of your referees, below.

Name _____	Name _____
Position _____	Position _____
Address _____ _____	Address _____ _____
Telephone _____	Telephone _____
Fax _____	Fax _____
E-mail _____	E-mail _____

I certify that the information I have given is complete and accurate. I have read the notes below.

Signed

Date

The University's Courses are subject to a continuous process of review. While every effort has been made to ensure the accuracy of published material at the time of going to press, the University will not be liable for any errors or omissions. The University reserves the right in every case at its discretion to vary the contents of courses or parts of courses, to offer new courses, to discontinue existing courses and to cancel courses in the event of low enrolments.