



Academic Services

Admission Form

Student's Information

Name: _____ **Date of Birth:** ____/____/____
Given Name(s) *Surname* *DD/MM/YYYY_*

Name of Current College/University: _____

Degree Program & Year _____

Program applied for	Desired Starting Date	Desired day(s) & timeslot(s)
<input type="radio"/> Training Program on Research Design (2 weeks)		
<input type="radio"/> Training Program on Research Communication (2 weeks)	____/____/____	
<input type="radio"/> Certificate Program in Biomedical Ethics (8 weeks)		
<i>Circle the preferred option</i>	<i>DD / MM / YYYY</i>	<i>Mon to Sun between 3 and 7 PM</i>

Interests & Hobbies:

Career Goals:

Contact Details

Full Postal Address
Please include a landmark and PIN

Contact Numbers: _____
 Primary Alternate 1 Alternate 2
Please provide at least two contact numbers

Disclaimer and Signature

Paste photo taken within 3 months.
 Do not staple

I certify that my answers are accurate and complete to the best of my knowledge.

Signature: [_____] **Date:** ____/____/____