



ANCHOR AVIATION COLLEGE

(OPERATED BY ANCHOR EDUCATIONAL CONSULTS)
G.E.S APPROVED TUITION PROVIDER



(AVIATION, MARITIME, TOURISM & HOSPITALITY AND MANAGEMENT TRAINING CONSULTANTS)

STUDENTS ENROLLMENT FORM



Please complete all parts of this form in **BLOCK CAPITALS**

SECTION A: PERSONAL INFORMATION

- Name:...../...../.....
Surname First Name Middle Name
- Correspondence Address:.....
- Date of Birth:/...../.....
DD MM YY
- Place of Birth (Town):.....(Region):.....
- Nationality:..... 6. Sex Male Female
- Marital Status: Single Married 8. Tel:..... Mobile:.....
- Email..... 10. Religion.....
- Passport No:..... 12. Driving Licence No:.....

SECTION B: DETAILS OF SPONSORS / GUARDIAN

(Note that, sponsors are guarantors and will be held liable in case of fees default).

- Full name:.....
- Occupation: Place of work:.....
- Postal Address:.....
- Tel Office:..... Residence:..... Mobile:.....
- Email:..... Relationship:.....

SECTION C: SPONSORS DECLARATION

Prof./Dr./Mr/Mrs/Miss:.....
do hereby certify that information provided on this form is true and agree to pay all fees promptly. I further agree that failure to pay fees promptly, my ward should be denied lectures.

Sponsor's Signature:..... Date:.....





SECTION D: EDUCATIONAL BACKGROUND (SCHOOL RECORDS)

Please attach photocopies of result slip/certificate of all qualifications stated below (recent one first)

Name of Institution	Period / Duration	CERTIFICATE OBTAINED

SECTION E: SELECTED PROGRAMME

<input type="checkbox"/> TRAVEL AND TOURISM	<input type="checkbox"/>	<input type="checkbox"/> ACCOUNTANCY	<input type="checkbox"/>
<input type="checkbox"/> MARITIME & LOGISTICS MGT	<input type="checkbox"/>	<input type="checkbox"/> BUSINESS STUDIES	<input type="checkbox"/>
<input type="checkbox"/> HOSPITALITY MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/> HUMAN RESOURCE DEVELOPMENT	<input type="checkbox"/>
<input type="checkbox"/> JOURNALISM	<input type="checkbox"/>	<input type="checkbox"/> HEALTH & SAFETY	<input type="checkbox"/>
<input type="checkbox"/> MARKETING / PUBLIC RELATIONS	<input type="checkbox"/>	<input type="checkbox"/> OTHERS:	<input type="text"/>

My carrier aspirations are:

to Manage To Instruct To set up my business in the above industry

SECTION F: RESEARCH INFORMATION

(Please Note: This information is strictly for internal statistics)

How did you get to know about I.A.PS

Media Anchor Aviation College Staff Friends / Relative Past Student

Other (Please Specify):.....

If Past student, Specify Name:.....

If Staff, Specify Name:.....

REFUND POLICY: FEES ONCE PAID ARE NOT REFUNDABLE

I hereby declare that information provided on this form is correct.

I authorize the Manager-Academics to obtain official records, if necessary from any educational institution attended by me. I understand that if any information provided is false, this application may be cancelled.

Applicant's signature Date:.....

FOR OFFICIAL USE ONLY
Date of Admission:.....
Faculty Admitted:.....
Admission No:.....
Signature and date:.....

