



## Educational Objectives

What program are you applying for?

- English for Academic Purposes
- Advanced Diploma in Business Administration
- Bachelor of Business Administration Degree (Choose Concentration Below)
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> General Management                | <input type="checkbox"/> Marketing Management | <input type="checkbox"/> Human Resources Management |
| <input type="checkbox"/> International Business Management | <input type="checkbox"/> Accounting           | <input type="checkbox"/> Undecided                  |
- Bachelor of Hospitality Management
- Post Graduate Certificate
- Post Graduate Diploma (Choose Concentration Below)
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> General Management | <input type="checkbox"/> Marketing Management              | <input type="checkbox"/> Human Resources Management |
| <input type="checkbox"/> Undecided          | <input type="checkbox"/> International Business Management |   |

What is your indented start date? (Indicate Year)

- Term 1 (January )  Term 2 (April )  Term 3 (July )  Term 4 (October )

## Education History

High School: \_\_\_\_\_ City: \_\_\_\_\_  
Country: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Currently Attending

### Post-Secondary Studies

Institution: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Currently Attending

Certificate  Diploma  Degree  Masters  Post Graduate Name of Qualification \_\_\_\_\_

Institution: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Currently Attending

Certificate  Diploma  Degree  Masters  Post Graduate Name of Qualification \_\_\_\_\_

Have you ever been suspended or denied readmission to any other college or university? Yes  No

## Declaration and Signature of the Applicant

I hereby certify that the information I have provided is accurate and complete in all aspects. I also understand and accept that falsification of any information in my application or misrepresentation of my record on documents submitted will result in the rejection of my application and/or the withdrawal of any offer of admission. I understand that I am required to arrange for all official transcripts or documents to be sent to the Registrar's Office.

Name (Print): \_\_\_\_\_ Date mm/dd/yyyy: \_\_\_\_\_

Signature: \_\_\_\_\_

This program is offered under the written consent of the Minister of Advanced Education, effective November 27th, 2015, having undergone a quality assessment and been found to meet the criteria established by the Minister. Nevertheless, prospective students are responsible for satisfying themselves that the program and the degree will be appropriate to their needs. Visit [www.acsenda.com](http://www.acsenda.com)

**INTERNATIONAL THINKING.  
INDIVIDUAL FOCUS.**

## Credit Card Payment Request Form

### Student Information

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Start Date (yyyy/mm/dd): \_\_\_\_\_

### Credit Card Payment Request

Card Number: \_\_\_\_\_ CVV (three-digit # printed at the back of the card): \_\_\_\_\_

Card Type:  VISA  MASTER Card Expiry (yyyy/mm/dd): \_\_\_\_\_

Name of the Card Holder: \_\_\_\_\_

Amount of Payment: \$ \_\_\_\_\_

Signature: _____	Date: _____
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### Agent Details

Agency name \_\_\_\_\_

Name of agency contact \_\_\_\_\_

Contact email address of agent \_\_\_\_\_

What other colleges/universities is this student applying for? \_\_\_\_\_