

**APIST
APPLICATION FORM**

COURSE PROGRAM (Day, Evening, Weekend):

Faculty:**Department****Year**.....

1. Personal details

a) Names

NAME	SURNAME	MIDDLE NAME(S)

b) Nationality:.....**c) Date of birth:****d) Gender:**

e) Contacts;

Email:**Cellphone:**..... **Telephone:**

f) Address;

C/o..... P.O.Box..... Code

Town/City..... Country

2. Have you been a registered student of APIST?

If yes, please indicate your registration number

3. Level of education (Academic/Professional/ High School)

4. How do you learn about courses?

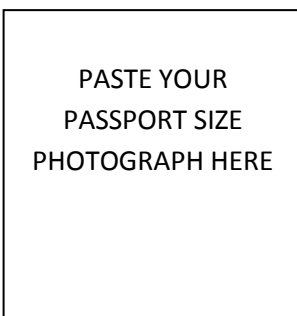
5. Payment details

I enclose bank deposit slip N0Date..... for E/\$

In respect of APPLICATION and REGISTRATION fee.

6. Declaration by the applicant

I hereby certify that to the best of my knowledge all the information I have provided on this form and all supporting documents are true and correct and I agree to abide by the examination rules and regulations of APIST



Date

Id/Passport N0

Signature