

## APPLICATION FOR ADMISSION FORM

(Please complete all sections)

CUSTOMER NUMBER

### 1. COURSE APPLIED FOR (Please ☒)

☐

CURTIN UNIVERSITY

☐

SOUTH METROPOLITAN TAFE

☐

NORTH METROPOLITAN TAFE

☐☐

OTHER (Please Specify)

COURSE TITLE

STATUS

FULL - TIME

☐

PART - TIME

☐

### 2. APPLICANT'S DETAILS (write in BLOCK-LETTERS)

SURNAME (as per Birth Certificate)

FIRST NAME (full names as per Birth Certificate)

KNOWN NAME

DATE OF BIRTH (day/month/ year)

NATIONALITY

AGE

GENDER

F

☐

M

☐

RESIDENTIAL ADDRESS

TELEPHONE NUMBER (HOME):

(WORK):

(CELL):

EMAIL ADDRESS

NATIONAL IDENTITY CARD NUMBER (if unavailable please supply passport number)

### 3. EMPLOYMENT DETAILS (COMPLETE ONLY IF YOU ARE NOW EMPLOYED)

COMPANY NAME

COMPANY ADDRESS

DIVISION/DEPARTMENT

TELEPHONE NUMBER

FAX NUMBER

NATURE OF COMPANY'S BUSINESS (e.g Manufacturing, Banking, ect)

MANAGER'S NAME

### 4. ACADEMIC RECORD (Please ☒)

SECONDARY SCHOOL QUALIFICATION

NAME OF SCHOOL / INSTITUTION

☐ A-LEVEL CERTIFICATE

☐ O-LEVEL CERTIFICATE

☐ FRENCH BACCALAUREATE CERTIFICATE

☐ IB CERTIFICATE / DIPLOMA

☐ IGCSE CERTIFICATE

☐ OTHER QUALIFICATION (*Please Specify*)

### 5. DETAILS OF NEXT OF KIN / RESPONSIBLE PARTY

NAME

SURNAME

RELATIONSHIP WITH STUDENT

POSTAL ADDRESS

TELEPHONE (*Home*)

TELEPHONE (*Work*)

TELEPHONE (*Cell*)

EMAIL

## 6. WHO WILL BE RESPONSIBLE FOR THE PAYMENT OF FEES?

MYSELF ☐

MY PARENTS ☐

COMPANY/SPONSOR ☐

### 6.1 ONLY if you have ticked 'Myself' or 'My Parents, PLEASE COMPLETE THE SECTION BELOW:

NAME OF YOUR GUARANTOR

RELATIONSHIP TO YOU

HIS/HER POSTAL ADDRESS

HIS/HER EMAIL

HIS/HER TELEPHONE (*Home*)

### 6.2 ONLY if you have ticked 'Company/Sponsor', PLEASE COMPLETE THE SECTION BELOW:

NAME OF YOUR SPONSOR

DESIGNATION

COMPANY (*If Applicable*)

POSTAL ADDRESS

EMAIL (*Home*)

EMAIL (*Work*)

TELEPHONE (*Home*)

(*Work*)

(*Cell*)

## 7. DECLARATION

I, ....., hereby

7.1 Confirm that I have read and understood the detailed factsheet describing my chosen course including entry requirements, course structure, further study pathways, fees and payment options.

7.2 Confirm that I have received appropriate course counselling and that all my questions relating to my course has been answered.

7.3 Agree that CTE will forward my application for enrollment to the respective academic partner and once the enrolment confirmed, I understand that CTE will forward to me both Academic Calendar and Orientation programme. In the event of my application being rejected, I understand that CTE will refund *all* application and course fees paid to date.

7.4 Agree to pay all fees on the stipulated due dates as per payment plan sheet provided. I understand that failure to do so could result in one or more of the following sanctions being taken against me:

- CTE will approach my Guarantor and/or Company/Sponsor for immediate payment
- I will be barred from entering the campus and using its facilities, and/or
- I will be barred from writing exams, attending all CTE Functions including graduation ceremonies, and/or
- My results will not be released and all my online facilities will be blocked and/or
- I will not be re-enrolled at CTE and/or its partner institution

7.5 Declare that in the unlikely event of me withdrawing from my course of study, I

- Will inform the registrar Academic **in writing**, stating clearly the reason(s) for withdrawal
- Will attend an Exit interview with my Head of Faculty
- Understand, that following this exit interview, CTE will readjust my account if necessary and will inform me of any additional payments/refunds I need to make/receive

- Understand that in the event that I fail to inform the Registrar Academic in writing, I will become liable for all fees due

7.6 Agree to the terms and conditions of the payment plan, including the refund policy for my registered course.

7.7 Declare that all the information I have so far disclosed, orally or in writing, about myself is accurate, truthful and complete. I understand that if any of this information turns out to be inaccurate or misleading in any manner whatsoever, my enrolment with CTE will be terminated immediately. I further undertake to notify CTE Registrar - Admin's Office **in writing** should any of the information change.

7.8 Understand that acceptance of my application by CTE academic partner institution is at the discretion of the latter. Under no circumstances, will I hold CTE liable in case of refusal of admission by the partner institution.

7.9 Consent to CTE processing my personal data, as outlined in CTE's Privacy Notice and Consent to use of Personal Data.

## 8. STUDENT CODE OF CONDUCT

8.1 By enrolling in a course provided by Charles Telfair Education, students agree to abide by the conditions of enrolment and all CTE by-laws, which are detailed in the Student Code of Conduct (SCC) and form part of the Terms and Conditions of Enrolment. The SCC can be downloaded – [www.cte.ac.mu/Policies/Student Code of Conduct](http://www.cte.ac.mu/Policies/Student%20Code%20of%20Conduct).

.....  
Applicant Signature

.....  
Date

## FOR OFFICE USE ONLY

**APPLICATION CHECKLISTS** Please ensure that students complete all sections

ACADEMIC DOCUMENTS	REMARKS
<b>A LEVEL CERTIFICATE</b> Specify certificate or results slip in the remarks column	<input type="checkbox"/>
<b>O LEVEL CERTIFICATES</b> Specify certificate or results slip in the remarks column	<input type="checkbox"/>
<b>FRENCH BACCALAUREATE CERTIFICATE</b> Specify certificate or results slip in the remarks column	<input type="checkbox"/>
- Original French Copy	<input type="checkbox"/>
- Translated English Copy	<input type="checkbox"/>
<b>IB CERTIFICATE</b> Specify certificate or results slip in the remarks column	<input type="checkbox"/>
<b>IGCSE CERTIFICATE</b> Specify certificate or results slip in the remarks column	<input type="checkbox"/>
<b>OTHER ACADEMIC DOCS</b> (Please Specify)	<input type="checkbox"/>

## IDENTIFICATION DOCUMENTS

BIRTH CERTIFICATE ☐ PASSPORT DATA SHEETS ☐ TWO PHOTOGRAPHS ☐ NATIONAL IDENTITY CARD ☐

## OTHER DOCUMENTS / COMMENTS

ADMIN OFFICER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PAYMENTS

### CTE TUITION FEES in MRU

Specify amount and date paid in the remarks column

☐

### PROOF OF TELEGRAPHIC TRANSFER in AU\$ (if applicable)

Specify amount, and date paid in the remarks column

☐

ADMISSION OFFICER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_