

Canadian School of Finance & Management

Application for Admission

This form will be photocopied. Please type or print on block capitals using a black pen.

Tick boxes ☐ as appropriate

1. PROPOSED PROGRAMME OF STUDY		
Details of programmes(s) for which you wish to apply:		
Proposed Start Date	Month	Year

2. PERSONAL DETAILS	
Title <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify	
Forenames	
Family name	
Date of birth Day Month Year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	

3. CONTACT DETAILS	
Correspondence address	Permanent address (if different)
Postcode	Postcode
Country	
E-mail	
Tel No	
Fax No	
Dates when at this address	

FOR OFFICE USE

Received	Reference 1 2	Reference 1 Received	Interview Date	Decision Communicated
Acknowledged	More Information*	Reference 2 Received	Confirmed	Accepted

4. ENGLISH LANGUAGE COMPETANCE

Is English your first language? ☐ Yes ☐ No

Was English the language of instruction for your first degree? ☐ Yes ☐ No

What is your English Language qualification?

Examining/Awarding body

Result	Date of test/exam	Month	Year
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5. EDUCATION

Qualification(s) in support of current application

Please provide details including results of all higher education examinations or professional certificates passed or to be taken, starting with the most recent

Educational Establishment	Subject	Year From To	Qualifications Obtained/Expected	Results/Class Of Award	Full-time or Part-time

6. OTHER EDUCATION AND TRAINING (certified and non-certified)

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Work experience in support of application (starting with the most recent)

Name and Address of Employer	From	Date	Job Title and brief overview of responsibilities including the number of people for whom you are responsible and budgets etc

Sponsor detail

Who is paying your fees?			<input type="checkbox"/> Self	<input type="checkbox"/> Government body	<input type="checkbox"/> Research Council
			<input type="checkbox"/> Employer	<input type="checkbox"/> Other	Please specify
Contact name					
Company/Organisation					
Address					
Postcode					
Country					
E-mail address					
Telephone #	Country code	Area code			
Fax #	Country code	Area code			

9. REFEREES		
	1 st Referee	2nd Referee
Name		
Position		
Organization/Company		
Address		
Postcode		
Country		
E-mail address		
Telephone #		
Fax #		

10. FURTHER INFORMATION IN SUPPORT OF YOUR APPLICATION (e.g. why you wish to pursue this programme) Please continue on separate sheet if necessary

11. SIGNATURE OF CANDIDATE
<p>I certify that the information I have given is complete and accurate.</p> <p>Signed _____ Date _____</p>