



# APPLICATION FORM

Please write clearly in black. Photocopies of this form are also acceptable.

**INSTRUCTIONS**

Please note that only complete applications will be considered. The application must include this personal application form and one recent, passport size photograph.

**COURSE INFORMATION**

Course name .....  
 Course schedule ..... Year 2016  2017

Have you attended previous AIT Extension International Training Programs? If yes, please indicate the course title and year ..... .....
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**PERSONAL INFORMATION**

Family name ..... Mr  Ms  Mrs  Dr   
 First name ..... Middle name .....  
 Name, as required in the certificate .....  
 Date of birth (dd/mm/yyyy) ..... Male  Female  Nationality .....  
 Passport no ..... Place of issue .....  
 Date of issue (dd/mm/yyyy) ..... Expiry date (dd/mm/yyyy) .....  
 Address .....  
 Phone ..... Fax ..... Email .....

Education (last two institutions only). Dates attended and degrees received

Institution name and location	Major subject / date enrolled	Degree received

Please give your reasons for wanting to attend the program .....  
 .....  
 .....

Elaborate here on any special experience which you think is relevant to your application .....  
 .....  
 .....

What is your expectation for this program? .....  
 .....  
 .....

## ENGLISH AND COMPUTER PROFICIENCIES

English Proficiency: Writing    Excellent     Good     Fair     Poor

Speaking    Excellent     Good     Fair     Poor

Please describe your computer proficiency: Programming language(s) and / or application(s) that you are familiar with, your role and years of experience in using it (**only required for those registering for trainings in IT**)

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.....

## CURRENT EMPLOYMENT

Job title or position ..... Division / unit .....

Company / organization .....

Type of organization    Private     Public     Government     International organization

NGO     Other, please specify: .....

Address .....

.....

Phone ..... Fax ..... Email .....

Description of duties at work .....

.....

.....

## EMPLOYMENT HISTORY

Employment record (last five years). Dates and positions held.....

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## FINANCIAL SUPPORT

Provided by ..... Sponsoring agency .....

Contact name in sponsoring agency .....

Address .....

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Phone ..... Fax ..... Email .....

## CONTACT INFORMATION

Person to contact in case of emergency

Name ..... Relation .....

Address .....

.....

Phone ..... Fax ..... Email .....

## OTHERS

Food restriction    I am strictly vegetarian     I can not eat beef     I can not eat pork

I can not eat .....

### ADMISSION POLICY

If admitted, I agree to the following conditions:

- No absence from the program without written permission from the Program Director
- Failure to abide by these rules may result in a non-award the certificate

Applicant signature ..... Date (dd/mm/yyyy) .....