

5. COURSE APPLIED FOR (in order of preference)

1.
2.
3.
4.

6. EDUCATIONAL DETAILS (Note: Qualifications obtained **after** the closing date will **not** be considered)

Details of Secondary schools and / or other Educational Institutions attended:

INSTITUTIONS	ENTERED		LEFT	
	Month	Year	Month	Year
.....
.....
.....

7. COLLEGE, ACADEMIC AND PROFESSIONAL RESULTS

Instead of filling the tables 7.1 - 7.3 below, you may instead provide a certified copy of your mark sheets, detailed results slips etc. List in 7.1 and 7.2 below all subjects taken, including failures, in exactly the same order as presented on your certificates: give the **three** best attempts for each certificate and their years and months of examinations. For each attempt, give only subjects taken at one and same sitting.

7.1 SC/ GCE "O" LEVEL RESULTS		GRADES (e.g. 1, 2, 3 or A, B, C,)			For Office use only
Date of attempt (Month / Year) →					
SUBJECTS		1 st Attempt	2 nd Attempt	3 rd Attempt	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

7.2 HSC/ GCE A-LEVEL RESULTS		GRADES (e.g. 1, 2, 3 or A, B, C,)						For Office use only	
Date of attempt (Month / Year) →									
SUBJECTS		1 st Attempt		2 nd Attempt		3 rd Attempt			
PRINCIPAL / ADVANCED LEVEL									
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
SUBSIDIARY LEVEL									
1.	General Paper								
2.									
3.									
4.									

7.3. OTHER ACADEMIC AND PROFESSIONAL QUALIFICATIONS

(Note: Qualifications obtained **after** the closing date will **not** be considered)

	Courses/Programmes	Institutions	Grade Awarded	Duration	
				From	To
1.					
2.					
3.					
4.					

7.4 Are you preparing for any other examination? Yes No

If yes, indicate the course and approximate examination period.

.....

8. Give all relevant information about **previous and present employment**, if applicable. If you are not in any employment, give details of any **relevant industrial training** you might have done during your studies at school.

From		To		Name & Address of Employer/Firm	Position Held	Job Description
Month	Year	Month	Year			

9. THIS SUB-SECTION SHOULD BE FILLED IN IF THE APPLICANT IS EMPLOYED.

DETAILS OF EMPLOYER:

Name: Phone N°:
 Address: Mobile N°:
 Fax N°:
 Attached Ministry (if Govt. Job): Email:

Sponsored Released Release in process (Please tick as appropriate)

NOTE: You must attach a letter from the employer certifying your employment with him.
 A sponsored applicant is one who will be released and the university fees will be settled by the employer.

DECLARATION OF EMPLOYER

I/ We hereby agree to Mr/Mrs/Miss applying to the courses indicated in this application form at the Université des Mascareignes and I/ We undertake to release him/ her to follow the said course if he/ she is selected.

Name:
 Position
 Signature

SEAL OF EMPLOYER

Date/...../.....

10. Have you any particular career in view?

Yes No

If yes, please specify:

11. SCHOLARSHIP FOR THE APPLIED COURSES

Have you applied or planning to apply for a scholarship? (Please tick as appropriate)

No Yes

If the answer is YES, please tick on the chosen scholarship below:

MAURITIUS-AFRICA

Other scholarship Please mention the scholarship:

12. THIS SECTION SHOULD BE FILLED IN BY YOUR PARENT/GUARDIAN IF YOU ARE UNDER 18 YEARS OF AGE

Name of parent/guardian:

Address:

Phone N°:

Occupation:

Mobile No:

Fax No:

DECLARATION OF PARENT/GUARDIAN

Email:

I/we,, Mrs

....., hereby consent to his/her applying to the courses in this form and agree to be bound with him/her for the execution thereof.

Date /..... /.....

Signature

13. THIS SECTION MUST BE FILLED IN BY ALL APPLICANTS

I, Mr/Miss/Mrs....., solemnly declare that if admitted to the University, I will diligently follow the course of study for which I am selected till its termination, that I will inform the Administration in writing and without delay if I withdraw from the course; and that I will conform to all rules and regulations of the Institute. I certify that I will pay in advance all fees and dues required and I also declare that all the above given information is true and correct.

Date /..... /.....

Signature

FOR OFFICE USE ONLY

<u>Administration department</u>	<u>Finance department</u>					
<p>Verified by</p> <p>Name:.....</p> <p>Signature:.....</p> <p>Date:...../...../.....</p> <p>Remarks:.....</p> <p>.....</p> <p>.....</p>	<p style="text-align: center;">Receipt N°.</p> <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <p>Name:</p> <p>Date:/...../.....</p> <p>Amount: Rs.....</p> <p>Signature:</p>					

<u>Faculty</u>
<p>Eligible <input type="checkbox"/> Not Eligible <input type="checkbox"/></p> <p>Course/field:.....</p> <p>Remarks:.....</p> <p>.....</p> <p>Certified correct by HOD:</p> <p>Name:..... Remark:.....</p> <p>Signature:..... Date:...../...../.....</p> <p>Certified correct by Dean of Faculty:</p> <p>Name:..... Remark:.....</p> <p>Signature:..... Date:...../...../.....</p>