Chester College of Higher Education

Student Application Form

PHOTO

Please complete ALL sections of this form clearly AND ACCURATELY.
If information is missing we will not be able to process your application.

Student Registration No. (Office use)

Section 1: Programme Applied

Full title of Programme (Course Name)

Section 2: Personal details

First Name:

Surname:

Name in full: (Name as it Should Appear on the Certificate)

Gender:

Male Female

Date of birth: (DD/MM/YYYY)

Nationality:

Personal email address: (Fill it clearly)

Address:

Mobile number:

Landline number:

NIC number:

Passport number:

In case of emergency - contact person name/contact number:

Section 3: Educational Qualifications

School Name:

Year:

Subject:	Grade:	Subject:	Grade:

School Name:

Year:

Subject:	Grade:

Section 4: Academic / Professional Qualifications

Programme:	Year:	Result:

Section 5: Work Experience

Employer Name:	Designation:	From-To: (Year)

Section 6: Please indicate how you heard of the course

- Word of Mouth / Past Student
- Newspaper / Magazine
- Prospectus / Leaflets
- TV / Radio
- Our Website / Email
- Seminars / Open Events
- Facebook / IG
- Other ( )

APPLICANT'S CHECKLIST

Have you included?

- Passport size colour photos
- Proof of your qualifications (Certified copies with originals. Original will be returned)
- A Copy of your National Identity Card/Passport
- Any other relevant documents

DECLARATION

I understand that the course I have chosen is provided strictly in accordance with the approval given by the relevant qualification awarding body. My qualification will thus be awarded direct upon my achieving the minimum academic benchmark set by the awarding body. I have been made aware that it is my responsibility to confirm the approval and recognition of the qualification by any other relevant local or international professional bodies. I am further aware that any changes that may occur in the future pertaining to the approval / recognition of the qualification would be beyond the control of CCHE and hence it cannot be held responsible for such changes.

By signing this form, I confirm that to the best of my knowledge, the information given in this form is correct and accurate. Further, I agree to abide by the rules and regulations of the college. If any information given here is found to be false, I am aware my application will be cancelled / admission will be quashed and I shall have no claim whatsoever from the college. I also understand all payments made to Chester College of Higher Education are non-refundable, and programme or batch transfer will be effected after ten days from the start date of the course.

Signature _____ Date _____

PAYMENT PLAN AGREEMENT

I; ..... bearing NIC. / Passport No. ..... hereby

confirm that I have enrolled for the programme: ..... and

the course fee for this programme is ..... .

Full Payment: ☐ Payment plan option: ☐

Payment plan: Initial payment: .....

Monthly installments ..... X ..... months.

Signature _____ Date _____

Office Use

Date: Admission to Course: Approved Rejected

Check List: Signature on the form Proof of Qualification

Registration Fee:

Total Course Fee:

Payment Discount:

Amount Paid Upfront:

Number of Installments for the balance to be settled:

Admission Officer **Date**

Document Checklist

- Completed Application
- Proof of Qualifications
- Copy of National Identity Card/ Passport
- Any Other Relevant Documents

Exemption Approval

Qualifications assessed:

1. .....
2. .....
3. .....

Exempted Modules:

1. .....
2. .....
3. .....
4. .....
5. .....
6. .....