



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 2010 2011

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

.....

.....

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**)

.....
.....
.....

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.....

.....

.....

FINANCIAL SUPPORT

Provided by Sponsoring agency

Contact name in sponsoring agency

Address

.....

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)