

EAST AFRICA SCHOOL OF MANAGEMENT

REGISTRATION FORM

Information solicited in this form is intended to help the office admissions to keep proper student's records. Before filling in this form, please read it carefully. Fill in **BLOCK LETTERS** and sign.

NOTES TO STUDENTS:

ADMISSION NO.....

- Provide two passport-size (colored) photographs.
- Academic / professional copies of the originals must be provided before admission.

A. NAME: (in full) _____ **Female** **Male**
 Date of Birth: _____ Nationality _____ ID./PP. No. _____
 Postal Address _____ Tel (Cell) _____ e-mail _____

IF EMPLOYED, ORGANISATION & ADDRESS:

Organization's Name: _____ P.O. Box _____
 Town _____ Tel: _____ Fax: _____ e-mail: _____

NAME AND TELEPHONE NUMBER OF THE NEXT OF KIN/GUARDIAN:

Name _____ Tel: _____ Relationship _____
 Name of sponsor (if different from the above) _____ Address _____ Tel: _____

B. ACADEMIC QUALIFICATIONS

	NAME OF INSTITUTION	FROM	TO	CERTIFICATE/DIPLOMA/DEGREE
HIGH SCHOOL				
COLLEGE				
UNIVERSITY				

C. REGISTRATION DETAILS

State the course, sections/part. Specific subject(s) and the session (day or evening) of the course you are applying for.3

Course	Semester (E.g. Jan – April) Section/Part Sessions	(Evening, Day)

How did you find out about EASM? (Please tick) Posters Press Media Word of mouth

If word of month , who introduced you? _____

What is your career Goal(s)/Objective(s)? _____

Date _____ Signature _____

FOR OFFICIAL USE ONLY

Admn. no. _____ Exam Body. _____ Course. _____

Section/Level . _____ Charges: Registration _____

Semester. _____ to _____ Tuition _____

Time. Day. _____ Evening _____ Others _____

Status New _____ Continuing _____ Total _____

Reg. Officer (Name) _____ (Signature) _____ (Date) _____