



CENTER FOR INTERNATIONAL STUDIES

Accredited By CTEC, GES and Affiliated to City University



TERTIARY DEGREE FORMS

A. PERSONAL INFORMATION

i. Surname: _____ Other _____

Name(s): _____ ii. Date of Birth: ____/____/____ National: _____

iv. Religion: _____

Gender: Male [] Female []

B. CONTACT INFORMATION

v. Contact Address: _____

_____ vi. Phone

Numbers (s): _____ Email: _____

C. PARENT/GUADIAN/SPONSOR

i. Surname: _____ Other Name: _____

ii. Date of Birth: ____/____/____ National: _____ iv. _____

Religion: _____ Gender: Male [] Female []

D. PREVIOUS ACADEMIC QUALIFICATIONS

Name of Institution	Year Attended		Qualification Obtained
	from	to	
1.			
2.			
3.			
4.			
5.			
6.			

E. PROGRAMME TO STUDY

What programme of degree do you intend to study? (Tick)

[] Diploma [] Bachelor [] Masters [] Doctorate

F. CIS PARTNER INSTITUTION/UNIVERSITY

Please go through the CIS Brochure to abreast yourself with KBF programmes and Partner institutions/universities you wish to receive your certificate from.

State the CIS partner institution/university you have been nominated for

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DOCUMENTATION

Please submit the following documents:

- 1. A brief profile and detailed curriculum vitae
- 2. Photocopies of all certificates/diploma/degrees
- 3. Transcripts from previous educational institutions
- 4. Soft Copies of Project Work/Thesis/Dissertation
- 5. Evidences of Conferences, Seminars, Publications, etc. 6. Two passport size photographs

E. NAMES OF TWO REFEREES

Name of Referee 1: _____ Name of Referee 2: _____
 Organization: _____ Organization: _____
 Status/Rank: _____ Status/Rank: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____

G. DECLARATION BY APPLICANT

I hereby certify that the information supplied in this application is correct. I promise to be of good conduct, maintain the ethics and conform to the regulations of KBF Center for International Studies and that if my application is successful, I understand that I will be subjected to and will abide by the policies, requirements and rules surrounding my studentship.

APPLICANT’S NAME: _____
 Signature: _____ Date: _____

H. FOR OFFICIAL USE ONLY

Comment of Coordinator:

Name: _____ Signature: _____ Date: _____