



In
Collaboration
With



Attach
Passport Photo

(Admission form for Gollis University Use)

SELECT PROGRAM (Refer to Program Details)	Program Level	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> PhD
	Study Mode	<input type="checkbox"/> Day Classes	<input type="checkbox"/> Evening Classes	

- Bachelors in Commerce (BCom)
- Bachelors in Business Information Technology (BBIT)
- MBA (tick preferred option below),
- Strategic Management Marketing Management
- Human Resource Management Accounting
- Finance

PERSONAL DETAILS	
First Name:	Second Name:
Last Name:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status:	
Address	E-mail:
Business/Office Telephone:	Home Telephone:
Date of Birth (Day/Month/Year)	Place of Birth (City/Town, State and Country)
Next of Kin/Contact in Case of Emergency	
Name:	Relationship to you:
Address:	Telephone No:

EDUCATIONAL & PROFESSIONAL QUALIFICATIONS

Qualifying Examinations	Name of University/ College	Year of Completion
Qualifying Examinations	Name of Schools/ High School	Year of Completion

WORKING EXPERIENCES

Job Designation	Name of Organization	From/To

REFEREES

Name and Position	Contact Details Address/Tel/E-mail

DECLARATION

I hereby declare that the information provided above is correct and any certificates, transcripts and other documents attached are genuine. **I acknowledge that giving false or misleading information is a serious offence and it may cause cancellation of my admission to the university.**

Signature:	Date:
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FOR OFFICE USE ONLY

Adm. Fee Receipt No: _____

Accepted Declined

Comments _____

Name of Director/Program Coordinator: _____

Signature: _____ Date: / /