

REGISTRATION AND ASSESSMENT FORM

DATE:

OFFICE USE ONLY	
Preferred Location	
Preferred College/University	
Course Interested	
Desired Intake	Option 1 : _____ Option 2 : _____
Back up Country Option (If needed)	
Immigration history	
Financial Capacity	
How did you come to know about us?	

I hereby declare that all the above information is true and correct to the best of my knowledge.

Signature:

Date:

	DATE	AGENDA DISCUSSED	NEXT ACTION PLAN
Session 1			
Session 2			
Session 3			
Session 4			
Session 5			
Session 6			

Handed over to:

Authority Name:

Signature:

Date: