

WEEKEND SHORT COURSES

Please select your preferred course(s)

- □ Service Marketing for Competitive Growth (SMCG)
- □ Corporate Governance (CG)
- □ Brand Management (BM)

1. Name (in BLOCK letters):	
2. Date of Birth:	dd mm yyyy
3. Gender:	Male Female Female
4. Phone#	
5. E-mail (in BLOCK letters):	
5. E maii (in Deochietters).	
6. Present Address:	

7. Give details of your current employment:

Position	Organization	Duration
8. Total years of full time job exp	erience:	

9. Give details of your most recent academic degree obtained:

Level	Degree	Institution	Year Awarded	Area/Major	Class/GPA
Masters (if obtaine	d)				
Bachelors					

10. Have you ever been enrolled in any degree/course from this Institute? 🗌 Yes 🗌 No

If yes, please specify:

Degree/	Course	Year Attended

Declaration

I have read the course brochure(s) and I agree to abide by the requirements of the course(s). The information provided in this application form is true and correct.

Signature of Applicant