



INSTITUT UNIVERSITAIRE KURT BÖSCH



NEW YORK COLLEGE

Full Name:

Application Form

1. Personal Details

Surname:

First name:

Title (Mr/Mrs/Miss/Ms etc):

Main contact address Home address (*if different*)

.....

.....

.....CountryCountry

Main contact telephone number:
(Including Country Code)

Home telephone number (*if different*):

.....

Email address Fax number
(including country code)

Sex

Male (M)

Female (F)

Date of birth: (eg. 15.03.1972)

Day	Month	Year

Full Name: _____

2. Further Details

Nationality: Country of permanent residence:

Country of birth:

Who will be paying your tuition fees? (Please give full name and address)

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3. Details of Program to which you wish to apply (for further information please see the prospectus)

Course title/subject name(s)	Year/month of entry

Please indicate how you heard of these courses: eg. Prospectus, advertising, fairs, friends

4. Work experience

Employer name/training body	Type of business	Your job title	Part time/ Full time	From		To	
				Month	Year	Month	Year

Full Name:

6. Additional information in support of your application:

Personal statement

Reasons for applying for course/subject

Details of relevant work experience

Special interests/ career aspirations

Other relevant information

7. Names and address(es) of referee(s):

1.

2.

Telephone number:

Telephone number:

Fax number:

Fax number:

Email address:

Email address:

8. Declaration

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I understand that the information provided will be held and processed by the University in accordance with the Data Protection Act (the Act) and I give my express consent to the processing of my personal sensitive data as defined by the Act by the University. I undertake to pay or cause to be paid to the IUKB and the NYC Educational Group by the due date, all fees and charges for tuition, accommodation and other services and goods supplied to me by IUKB and the NYC Educational Group, should my application be successful.

Applicant's signature: Date:

FOR OFFICE USE ONLY

Fee Status

Received by:

Date

Admissions Tutor:

Qualifications verified YES/NO

Full Name:

5. Further Details

English language qualification, please indicate	TOEFL/CBT IELTS Other: (Please specify)	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Score	<input style="width: 100%; height: 20px;" type="text"/>	Score	<input style="width: 100%; height: 20px;" type="text"/>
Qualifications						
Name of Qualification	Duration/Date (Number of months/years)	Mode of Study (full time/part time)	Subjects	Results	Place of Study	

Please enclose copies of the above qualifications. Please do NOT send the original document

Qualifications for which you are currently studying:

Name of Qualification	Duration/Date (Number of months/years)	Mode of Study (full time/part time)	Subjects	Results expected (when)	Place of Study

Have you previously studied at an institution of the NYC Educational Group If yes, please give brief details (eg. Course, dates of study, student number)	Yes/No
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