

WORK EXPERIENCE

#	Name of the Employer	Position	Period

SPONSORSHIP

Sponsorship	Please Tick
1. Self	
2. Parents	
3. Guardian	
4. Employer	
5. Bank Loan	

DECLARATION BY APPLICANT

I, _____
furnished herein is true and correct. I agree to:

(Name) hereby declare that all information

- abide by rules and regulations of TIMES CAMPUS (By - Laws)
- attend 80% of lectures of all the courses that I offer
- pay all fees as required at the time of registration and TIMES CAMPUS does not offer refunds
- accept that TIMES CAMPUS reserves the right to amend and add to existing policies, fees, rules and regulations as it deems fit

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Signature of Applicant

.....
Date

For office use only

Registration Approved: Yes / No

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Signature
Head of Academic Affairs

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Date