

(Name & Address)

## **AMERICAN COLLEGE OF HIGHER EDUCATION**

DEHIWALA
KANDY
GALLE
NEGOMBO
KURUNEGALA
23, Hospital Road, Dehiwala.
502, Peradeniya Road, Kandy.
286B, Wakwella Road, Galle.
194, St. Joseph's Street, Negombo
401, Wehara Junction, Kurunegala.

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Tel: (037) 5625551 Fax: (94-37) 2220735

APPLICATION FORM							
PART I							
Please read the instructions below prior to filling this form							
CHECKLIST OF DOCUMENTS TO BE SUBMITTED AT REGISTRATION							
3 Color Photographs Copy of NIC or Passport Copy of Birth Certificate Curricului	m Vitae						
Academic certificates Transcripts							
POLICIES / TERMS & CONDITIONS							
<ul> <li>Enclose the applicable non-refundable application fee and total course fee with the form. Applications cannot be unless it is accompanied with the above fee. Cheques to be made Payable to the "AMERICAN COLLEGE OF HIGHER EI</li> <li>No refunds or transfer will be given whatsoever on any computer courses.</li> <li>Please note that non-attendance at classes is not an indication of cancellation. Cancellation MUST be informed in the contract of the contract</li></ul>	DUCATION".						
Request for cancellation must be made in writing and received at Registrar's Office at least 03 working days prio Full refund of the course fee, books/material fee will be made. However, application fee is non-refundable.	r to the starting date of the course.						
<ul> <li>No refunds will be given on any cancellations made after the course commences.</li> <li>Students may transfer only 75% of their course fee to another course conducted at ACHE (if cancellation is made commencement date of their first course)</li> </ul>	e within 14 days of the						
DECLARATION:  I agree to abide by the policies, terms and conditions of the American College of Higher Education.							
Signature of Applicant	Date						
PERSONAL INFORMATION  Complete all items in this section which apply to you in BLOCK CAPITAL. Do not omit any portion of Accuracy and completeness will avoid delay of admission to the College.  1) Name in full:	the required information.						
2) Name as it should appear in the certificate:							
3) Gender: 4) Date of Birth: 5) Place of Birth:	6) Marital Status: Single Married						
7) Occupation: 8) Country of Citizenship: 9) Passport / NIC No:	10) Contact No:						
11) Permanent Address:							
12) Mailing Address: (if different from above to which all correspondence should be sent)							
13) Email Address:							
14) a) Name of Father/Legal Guadian/Spouse:							
b) Home Address:							
c) Emergency Contect Numbers: Res: Office: d) Occupat	ion:						
e) Work place:							

15) a) Name of Mother	r:								
o) Home Address: (if dif	ferent from 14b)								
c) Emergency Contect	Emergency Contect Numbers: Res: Office:			d) Occupation:					
e) Work place: (Name & Address)									
	QUALIFICATIONS:								
O/L's Year:			A/L's	Year:					
School:			School:						
	Subject	Grade	Subject Grac		Grade				
ACADEMIC/PRO	FESSIONAL QUALI	FICATIONS:							
Qualification			Qualifica	tion					
Institution			Institutio	n					
Year			Year						
Other Details			Other						
Details			Details						
WORK EXPERIE	NCE: (BRIEFLY DES	SCRIBE)							
HOW DID YOU FI	IND ABOUT AMERIC	CAN COLLEGE	OF HIGI	HER	EDUCATION? WHICH	ONE?			
Email campaign	TV	Talk show		SMS	S campaign Newspap	per advertisemen	ıt		
Exhibition	Facebook	Leaflet / hand	dhill / flyor		Other				
Exhibition	Facebook	Leallet / Hand	ubili / liyei		Other				
PROGRAM APPL	LIED FOR:								
DECLARATION:									
I certify the informat	ion furnished by me is t	true and correct. If	I am found	d to h	ave given false information	, the offer may b	be		
witharawn.									
Signature of Applica					Da				
OFFICE USE ONLY									
Student ID:			Comme	ents:					
Authorized by:									