



Short Course Application Form

I hereby apply for the following SHORT COURSE:

 scheduled for the following dates:

First Name:	Surname:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Omang/ID:
Date of Birth:	Present Address:
Citizenship:	Do you have any Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , Nature of Disability:
Phone Number:	Mobile Number:
Email:	

Highest Qualification:	Institution:	Year Completed:

Will you need accommodation? Yes No
 (Note that all our rooms are currently occupied by BUAN students until the end of the year)

Any special dietary requirements (Specify):

DECLARATION BY THE APPLICANT

I hereby declare that the information given in this application form is true and complete to the best of my knowledge and nothing has been concealed or distorted.

Date: Signature:

Send the completed application form to: cice@buan.ac.bw or drop the completed application form at CICE Office