

Application for Registration

Procedure for enrolment:

1. The potential student, guardian and/or sponsor is required to complete the application form in full.
2. Upon receipt of application, a student advisor will be in contact with the potential student to discuss the outcomes of the application and the way forward.
3. Should the potential student be accepted and would like to proceed with their registration, an invoice will be provided to the student with the required banking details for payment along with a list of any required documentation deemed necessary to process the registration.
4. To secure enrolment, the registration fee will be required within 48 hours after receipt of invoice.
5. Registrations will only be deemed completed should a student be accepted and the registration fee along with all required documentation have been provided to conclude the process of application.
6. Please note: The Academic Institute of Excellence does not qualify for NSFAS Bursary Funds as we are a Private Higher Education Institute.

1. Applicant Details	
DOB:	25/2/2015
Student Number (returning):	12345
First Name:	Dev's Test for test
Surname:	Dev's Test for test
Gender:	Female
Home Language:	hindi
High School Name:	Dev's Test for test
Ethnicity:	Asian
Are You a SA Citizen:	yes
SA Identity number:	1234567891011
Country Name:	null
Passport Number:	null
Do you have any physical disabilities and/or barriers to learning?	yes
Should you need assistance due to a physical disability and/or experience barriers to learning, please specify your disability/ies below for review and approval:	TEst
2. Programme Details	
Intake	2024, intake 1
Programme Name:	Eyelash Extension (Short Course)
Learning Method:	full_time_hybrid
Main campus:	Midrand
Include a Laptop:	yes
Specifications Available:	null
3. Applicant Contact Details	
Address:	Home (Street) Address: - no for now Postal Zip code - 302026 Delivery Address for study Material - 25 Postal Zip code - null Cell No: - 09887643210 Additional No: - null Email Address: - testbydev.pr@gmail.com
4. Person Responsible For Account	
Nature Of Sponsor:	Same as parent/guardian
Surname Of Account Payer:	Test
First Names Of Account Payer:	TEsrt
Company Name:	Dev's Test for test Dev's Test for test
Legal Entity Number:	Legal entity registration number
Address:	Street Address: - no for now Postal Zip code - 311801 Postal Address: - Jalday vibhag ke piche Postal Zip code - 302026 Email Address - ta6387964@gmail.com
Identity/Passport Number:	test
5. Payment Details	
Payment Details	Finance plan required with under 12 months payback terms
6. Documentation	
Please attach the following <u>certified</u> documentation to this application form: null	
7. Disclaimer	
I Aman Jaiswal hereby confirm that the information supplied is true and correct. Confirmed at Confirmed on this 23 day of 05 20 1996	
<i>I hereby confirm that I have read and understand the TERMS AND CONDITIONS as set out in the registration form.</i>	
7. Acceptance Of Terms And Conditions	

