

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:	15/3/2013
Student Number (returning):	929
First Name:	Naida
Surname:	Pittman
Gender:	Female
Home Language:	Aut est quam quia au
High School Name:	Daria Cooley
Ethnicity:	Other
Are You a SA Citizen:	no
SA Identity number:	-
Country Name:	kjkh
Passport Number:	-
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:	Aspernatur ipsam ist
2. Programme Details	
Intake	2024, intake 3
Programme Name:	VTCT (ITEC) Diploma in Holistic Massage, UK Level 3 23232
Learning Method:	full_time_online
Main campus:	-
Include a Laptop:	yes
Specifications Available:	High_spec
3. Applicant Contact Details	
Address:	Home (Street) Address: - 87 South Rocky New Lane Postal Zip code - 66409 Delivery Address for study Material - Est odio et vitae f Postal Zip code - - Cell No: - 53354545445 Additional No: - Aperiam in dolorem v Email Address: - moxu@mailinator.com
4. Person Responsible For Account	
Nature Of Sponsor:	Same as parent/guardian
Surname Of Account Payer:	Sellers
First Names Of Account Payer:	Kevyn
Company Name:	Naida Pittman
Legal Entity Number:	-
Address:	Street Address: - 87 South Rocky New Lane Postal Zip code - - Postal Address: - - Postal Zip code - 66409 Email Address - qedo@mailinator.com
Identity/Passport Number:	58
5. Payment Details	
Payment Details	Purchase order
6. Documentation	
Please attach the following certified documentation to this application form: -	
7. Disclaimer	
<p>I Commodi esse consequ hereby confirm that the information supplied is true and correct.</p> <p>Confirmed at Rerum vitae aut maio on this Dolor sed eum minus day of Voluptas quia id tem 20Ex omnis in ut sed v</p> <p><i>I hereby confirm that I have read and understand the TERMS AND CONDITIONS as set out in the registration form.</i></p>	
7. Acceptance Of Terms And Conditions	
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