

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:	14/5/1983
Student Number (returning):	null
First Name:	Test
Surname:	Name
Gender:	Female
Home Language:	english
High School Name:	null
Ethnicity:	Asian
Are You a SA Citizen:	yes
SA Identity number:	12343565768789
Country Name:	null
Passport Number:	null
Do you have any physical disabilities and/or barriers to learning?	no
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:	null
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: - India Postal Zip code - 23354655768 Delivery Address for study Material - null Postal Zip code - null Cell No: - 324354654657657868 Additional No: - null Email Address: - ta6387964@gmail.com
4. Person Responsible For Account	
Nature Of Sponsor:	Same as applicant
Surname Of Account Payer:	Name
First Names Of Account Payer:	Test
Company Name:	Test Name
Legal Entity Number:	null
Address:	Street Address: - India Postal Zip code - null Postal Address: - null Postal Zip code - 23354655768 Email Address - ta6387964@gmail.com
Identity/Passport Number:	12343565768789
5. Payment Details	
Payment Details	Purchase order
6. Documentation	
Please attach the following certified documentation to this application form: null	
7. Disclaimer	
I Test hereby confirm that the information supplied is true and correct. Confirmed at Jaipur on this 23 day of 34 2029	
<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	
<h2>Terms and Conditions</h2> <p>Welcome to Our Service. Please read these terms and conditions carefully before using our website and services.</p> <h3>1. Introduction</h3> <p>By accessing our website and services, you agree to be bound by these terms and conditions. If you disagree with any part of these terms, please do not use our services.</p> <h3>2. User Responsibilities</h3> <p>As a user, you agree to provide accurate information and respect the intellectual property rights of others. You are responsible for any activity that occurs under your account.</p> <h3>3. Limitations of Liability</h3> <p>Our service is provided "as is" without warranties of any kind. We are not liable for any damages arising from the use of our website or services.</p> <h3>4. Changes to Terms</h3> <p>We reserve the right to modify these terms at any time. By continuing to use our services, you agree to be bound by the revised terms.</p> <h3>5. Contact Us</h3> <p>If you have any questions about these Terms and Conditions, please contact us at support@example.com.</p> <p>Thank you for using our service.</p>	