



West Coast Institute of Management & Technology

澳洲西岸科技管理學院

Representative Office: Unit 10, 4/F., 588-592 Castle Peak Road, Kowloon, Hong Kong.

Tel: (852) 3188 3733 Fax: (852) 3188 9249

APPLICATION FOR ADMISSION

A8 Application Number

Department: _____

Course Title: _____ Course No.: _____

PLEASE ANSWER ALL QUESTIONS

Have you applied / enrolled at WCIMT previously, Yes [] No []

If yes, please print your student number: _____

Number of years relevant work experience: _____

A. PERSONAL DETAILS

Family Name, Given Name, Title, Date of Birth, Name in Chinese, HKID No, Passport No, Place of Birth, Nationality

CORRESPONDENCE ADDRESS

Residential Tel. No. Office Tel. No. Mobile/Pager No.

Fax Number E-mail Address

PERMANENT ADDRESS

(If different from the above correspondence address. Post Office Box is not acceptable.)

B. EDUCATION

Certified copies of all academic transcripts; where necessary, an English translation, must be attached.

Name of Institution	Field of Study	Title of Award	Year of Award

C. PROFESSIONAL QUALIFICATIONS

(Please list in chronological order)

Professional Qualification	Name of Awarding Body	Year of Award

D. WORK EXPERIENCE

CURRENT EMPLOYMENT

Name of Organization _____

Date of Commencement _____

Position Held _____

Please provide a brief description of your duties:

CAREER DEVELOPMENT. Please provide a brief statement which outlines

- (a) Your desired career path, and
- (b) Your perspective of how the Degree Programme would help your career objectives.

PREVIOUS EMPLOYMENT

Indicate as least two positions you have held prior to your current employment with the most recent position indicated first. For each position state (1) the name of employer. (2) the time period over which you held the position. (3) the position title and (4) briefly, your duties. (A CURRENT RESUME CAN BE ATTACHED IF YOU BELIEVE A MORE DETAILED WORK HISTORY WILL IMPROVE YOUR APPLICATION.)

ENGLISH PROFICIENCY

TOEFL TEST

YES SCORE

NO

IELTS TEST

YES SCORE

NO

F. REFEREES

(Please give your referees each a copy of the Referee's Report and ask them to return the report directly to the WCIMT Asia Pacific Training Centre, **under confidential cover.**)

Name: _____

Name: _____

Title: Mr./Ms./Dr./Prof.

Title: Mr./Ms./Dr./Prof.

Post: _____

Post: _____

Name of Organization: _____

Name of Organization: _____

Address: _____

Address: _____

G. DECLARATION

I hereby certify that the information provided in this application is complete and correct. I agree that West Coast Institute of Management & Technology, Victoria may, if necessary verify details of my qualifications. While I am a student of West Coast Institute of Management & Technology, Victoria, I undertake to observe all the statutes, by-laws, rules and instructions of the Institute, to pay all fees due, and to comply with regulations. I also understand that West Coast Institute of Management & Technology is global in nature and is not bound by any authority to meet with any specific requirement of any specific country.

Signature of applicant : _____

Date: _____

FOR OFFICE USE

ACKNOWLEDGED	INTERVIEWED	ADMITTED	REJECTED

The information provided in this form will be used for selection and enrolment to the WCIMT Degree Programme. It may be provided to departments and/or any internal/external assessors, where applicable, authorised to process the information for purposes relating to enrolment. Information provided by unsuccessful candidates will be destroyed after the enrolment exercise has been completed.