

ICTCL/ City University, Cambodia Collaborative Law Degree Programmes



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Affix a recent passport size
photograph of yourself

APPLICATION FOR ADMISSION TO RESEARCH & POSTGRADUATE DEGREE PROGRAMMES

This form should be completed and returned with certified copies of certificates, diplomas and other documents in support of qualifications claimed by the applicant. **Completed form should be submitted at: lawpgdadmission@ictclaw.org.**

PLEASE PRINT ENTRIES LEGIBLY

1. SURNAME..... Other Names.....
2. SEX: Male Female 3. Marital Status: Single Married Widowed
4. Date of Birth..... 5. Nationality.....
6. State of Origin..... 7. Religious Affiliations.....
8. Mailing Address.....
.....
9. (a) Permanent Home Address.....
(b) Phone Number (Landline/GSM).....
(c) E-mail Address.....
10. (a) Programme to which admission is sought.

Degree/Diploma Title

By Research

By Course Work
- (b) Field of interest.....

FOR OFFICIAL USE ONLY

Result of Application..... Signed..... Date.....
Result Communicated..... Signed..... Date.....

11. School and Universities Attended

Name of School	Town	Country	Year Attended
(i).....
(ii).....
(iii).....
(iv).....
(v).....

12. Degrees, Diplomas or Certificates obtained (Class of degree and major subject must be stated)

Degree	Date	Subject(s)	Class of Degree
(i).....
(ii).....
(iii).....
(iv).....
(v).....

13. Distinctions and Prizes

- (i).....
- (ii).....

14. List of appointments in the past five (5) years

Post	Employer	Date
(i).....
(ii).....
(iii).....
(iv).....

15. Publications and the title of thesis, dissertation or essay submitted for any degree (state whether successful and give dates).

- (i).....

(ii).....

(iii).....

(iv).....

(v).....

16. Are you currently registered for a degree in any University? Yes No

If Yes, give the name and address of the institution.....

.....

Course registered for.....

Degree in view..... Date of First Registration.....

17. Have you ever applied for admission to Postgraduate Studies at this University? Yes/No

If Yes, please give year of application.....

18. (a) Mode of study (Whether Full-time or Part-time).....

(b) If Part-time, where will you be based? Town..... State.....

Name three persons to whom reference may be made (at least one of these should be one of your lecturers at University level)

i. Name..... Position/Rank.....

Address.....

ii. Name..... Position/Rank.....

Address.....

iii. Name..... Position/Rank.....

Address.....

20. SPONSORSHIP: Give name and address of your sponsor (if any)

Name.....

Address.....

21. Give any other information which you consider relevant to this application.....

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22. DECLARATION BY APPLICANT

I hereby declare that the particulars which I have supplied above are true to the best of my knowledge and belief.

Signature.....

Date.....

NOTE: Please complete the Transcript Label and ask your University to send the Label along with your Transcript.