

STUDENT INFORMATION

First Nam ∉ sinNational IDcard)				
Middle Nam@sinNational IDcard)				
Last Nam(#sinNational IDcard)				
National ID Number:		Passport Number:		
Date of Birth(dd/mm/yyyy)		-		
Gender:	Male Female	Student ID Number:		
Permanent Address:	House Name / Flat No.			
	Street:			
	Island/ Atoll :			
Current Address: (If dfferent fromabove)	House Name / Flat No			
	Street:			
	Island/ Atoll :			
Contact number:	Matile		Post Code:	
	Mttile2		Office	
Email Address:				

PROGRAMME AND STUDY DELIVERY DETAILS					
Name of the Programme:					
Course Major / Specialization					
Commenced Year (Intake):	(Month/Year) Co	ompleted Yeannth/Year)			

Q Campus (Male') Naifaru Campus Addu Campus Lakeside Campus (Shaviyari)

Studied Campus/Learning Centre: Furahmulak Campus

DECLARATION BY THE STUDENT						
I declare that all the information given in this application form are true and accurate.						
Signature of Student		Date				

FOR OFFICE USE O	Y	
Received by:	Received Date:	
Checked by:	Checked Date:	
Approved by:	Approved Date:	
Remarks		