

Date:.....

Amount: GMD500

Cashier:.....



Photo

THE GAMBIA UNIVERSITY OF APPLIED SCIENCE, ENGINEERING & TECHNOLOGY

(INSTITUTE OF INNOVATION AND ENTREPRENEURSHIP) ☐

(INSTITUTE OF TECHNOLOGY) ☐

PLEASE TICK ANY OF THE BOXES TO CHOOSE YOUR INSTITUTE

APPLICATION FOR ADMISSION

THIS APPLICATION MUST BE COMPLETED AND RETURNED TO THE HEAD OF DEPARTMENT BEFORE CLOSING DATE

1. SURNAME:.....
2. NAME (S):..... SEX: M/F
3. ADDRESS:.....  
.....
4. TEL:.....
5. DATE OF BIRTH: 

Day	Month	Year
-----	-------	------

 Age.....
6. Nationality.....
7. Region:.....
8. Local Area:.....
9. Marital Status: Single / Married / Divorced / Widowed.
10. Occupation:.....

11. Applicant's Email Address.....

12. DETAILS OF EDUCATION

SCHOOL(S) ATTENDED	YEAR		CERTIFICATE / DIPLOMA
	FROM	TO	

13. SPONSORS (if sponsored by: Employer, Charity, Special Agreement and Others)

Name:.....

Address:.....

A) Attach EVIDENCE OF EDUCATION (Photocopies of Certificate(s) and Transcripts)

B) ATTACH 2 PASSPORT SIZE PHOTOGRAPHS (Name to be written at the back of photos)

PROPOSED COURSE OF STUDY.....

HAVE YOU STUDIED AT **USET** BEFORE? YES/NO, FULL TIME/PART TIME

COURSES:.....

LEVEL ATTENDED:.....YEAR.....

OTHER(S) **Please specify**.....

**Please indicate your previous results in the table**

Subject	Grade	Level of Program

**Applicant's Signature**

**Date**