

NEXT OF KIN'S INFORMATION

Full Name

Relationship

Tel:

Address:

IN CASE OF EMERGENCY

Full Name

Relationship

Tel:

Address:

If any of the above boxes are checked, please address and relationship to you of the parents or Guardian with whom you legal reside and to whom official college correspondence should be sent:

SPONSORS INFORMATION

Relationship (e.g. Father, Mother e.t.c)

Sponsors Name:

Residential Address:

Country:

Telephone:

E-mail:

Signatures:

Date:

ADDITIONAL INFORMATION

How did you learn about ESCAE University: _____

Do you have any relative who attended or are currently attending ESCAE University:

 Yes No

If yes, please provide their names, dates of attendance, and their relationship to you:

Have you ever been convicted for a crime Yes No

If yes, please state the nature of the crime

Are you ready to adopt French Language as a second Language

 Yes No

Do you have your country National ID or Passport

 Yes No

Have you ever attended, been suspended or expelled form ant institution before

 Yes No

If yes, please state the reason for your leaving

APPLICANT STATEMENT

Please review the statement below and sign:

declares that the information on this form is

correct. I understand that any offer of a place is subject to my acceptance of the university's terms and conditions. I accept that if I do not fully comply with these requirements, ESCAE University Reserves the right to cancel my application. I agree that ESCAE University may record and process the information contained in this form in accordance with its Data Protection Policy.

Applicant Signature: _____

Date: _____