



## Island Institute of Tertiary Education

Male', Republic of Maldives

### STUDENT APPLICATION FORM

#### PRELIMINARY INFORMATION

1. Please complete in BLOCK letters
2. Tick ✓ where applicable

PP Photo

#### PERSONAL INFORMATION

Full Name			
ID No	A	Contact Number	
Date of Birth	D	M	Y
Permanent Address			
Present Address			
Guardian Name			
ID No		Contact No	

#### COURSE DETAILS

Course Name	
Level	

#### EDUCATIONAL QUALIFICATION

Grade 7	O Level	A Level	Certificate II
Certificate III	Certificate IV		

#### EMPLOYMENT DETAILS

☐ Employed ☐ Unemployed

Employer	
Job Title	

#### ATTACHMENTS

1. Completed all the parts of the application form
2. Attached National ID card copy
3. Attached school leaving certificate copy
4. Attached educational certificate copies
5. Attached 1 passport size recent color photograph

Island Institute of Tertiary Education (IITE)

M. Faaroshige, 6th Floor, Orchid Magu, 20189, Male' City, Republic of Maldives

tvvet@iite.edu.mv

+960-795-9992

www.iite.edu.mv



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### DECLARATION

Have you taken part in any other SFRW – Sponsored programs?

Yes ☐ No ☐

I declare that all the information given in this application form and the attached documents are true and correct.

I am aware that if, after enrolment, the information provided is found to be inaccurate then my enrolment will be terminated.

Date:

Signature:

### OFFICE USE ONLY

Received by:		Date:	
Enrolled by:		Student No:	

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