



Trent Global College of Technology & Management Pte Ltd

12 Prince Edward Road #06-13/14, Podium B
 Bestway Building, Singapore 079212
 Tel: (65) 6372 1464/ 6372 1465 Fax: (65) 6372 1460
 email: info@trentglobal.com

Attach Recent
 Photograph

APPLICATION FOR ADMISSION

1. PERSONAL DATA

| | | | | |
|------------------|-------|-------|--------------------------|-----------------------------|
| Full Name: | | | | Nationality/ NRIC/ Passport |
| Home Address: | | | | Singapore () |
| Date of Birth: | Age: | Sex: | Marital Status: | Citizenship: |
| Place of Birth: | | Race: | Name of Parent/Guardian: | |
| Contact Numbers: | Home: | | Handphone: | Fax: |
| Office: | | | | |
| Mailing Address: | | | | Email: |

2. PROGRAMME APPLIED

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| |
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Semester to commence from: *(tick one only and insert appropriate year)*

January _____ May _____ September _____ Other (Specify) _____

3. EDUCATION AND QUALIFICATIONS

| Year(s) | Name of Qualification | Name of Institution | Year Completed |
|---------|-----------------------|---------------------|----------------|
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(Certified true copies of academic certificates must be enclosed)

4. PROFESSIONAL QUALIFICATIONS

| Name of Institution | Qualification | Year Attained |
|---------------------|---------------|---------------|
| | | |
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| | | |
| | | |

(Give details of professional qualifications. Certified copies must be attached. If space is insufficient, please attach new sheet)

Trent Global College of Technology & Management is committed in maintaining the confidentiality of the students' Personal information and undertakes not to divulge any of the students' personal information to any third party without the prior written consent of the student. Students' particulars are solely for the purposes of completing course Submission.

5. EMPLOYMENT HISTORY

Current Occupation

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Mature age applicants must attach a separate detailed resume. If space is insufficient, please attach new sheet

| Years | Employer | Position/Nature of Duties | F/T or P/T |
|-------|----------|---------------------------|------------|
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6. CHECKLIST

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| <p>This application must contain the following items:</p> <ol style="list-style-type: none"> A duly completed application form Certified copies of certificates and transcript A photocopy of I/C or passport 3 passport size photos Cash or Cheque payable to “ Trent Global College of Technology & Management ” | <p>The completed application should be returned to: Director of Programme Trent Global College of Technology & Management 12 Prince Edward Road #06-13/14 Podium B, Bestway Building Singapore 079212 Tel : 6372 1464 / 6372 1465 Fax : 6372 1460</p> |
|---|--|

7. DECLARATION

- I declare that the information given in this application and all documents submitted are true and complete.
- I understand that in the event of my withdrawal from the program applied for after the issuance of the Letter of Acceptance, Trent Global Education Group has the right to forfeit my registration and course fees.
- I am aware that if falsified information is submitted, admission will be rescinded.
- I will comply with all conditions, rules and regulations of the applicable University and Trent Global College of Technology & Management.

Terms and Conditions:

- All payments made are non-refundable.
- Trent Global reserves the right to defer or cancel any course with insufficient participants.
- All payments must be made before the commencement of the course.
- For installment scheme, payment must be made before term commences.

Agreed and Sign by

Applicant's signature

Date:

FOR OFFICIAL USE ONLY

| | | | | | |
|--------------------------|--|--|---|---|---|
| Application Received on: | | From: | | | |
| Enclosed: | <input type="checkbox"/> Registration Fees | <input type="checkbox"/> Commitment Fees | <input type="checkbox"/> Course Fees | <input type="checkbox"/> University Transcripts | <input type="checkbox"/> Employment Records |
| Forwarded to: | <input type="checkbox"/> Program Director | <input type="checkbox"/> University's Office | <input type="checkbox"/> Approved: YES/NO | | |
| Approval Received on: | Letter of Acceptance sent on: | | Sent to | | |
| Student Name: | Student Number: | | | | |
| Remarks: | | | | | |

Date:

 Academic Advisor's Signature