



**ADMISSION/REGISTRATION FORM**

**SEMESTER:** ..... **YEAR:** ..... **KASNEB/KISM/CHRP REG. NO:** .....

**Surname:** ..... **Other Name (s):** ..... **ADM. NO:** .....

**Gender (Tick where applicable)** Male  Female

**Postal Address:** ..... **Postal Code:** ..... **Town:** .....

**Mobile No:** ..... **Office/Home Tel No:** ..... **Email:** .....

**Date of Birth:** ..... **Nationality:** ..... **ID/Passport No:** .....

**Parent/Guardian/Next of Kin Name(s)** ..... **Phone No:** .....

**COURSE DETAILS (Tick where applicable)**

<b>ACCOUNTANCY:</b>	CPA Foundation	<input type="checkbox"/>	CPA Intermediate	<input type="checkbox"/>	CPA Advanced	<input type="checkbox"/>
	ATD Level I	<input type="checkbox"/>	ATD Level II	<input type="checkbox"/>	ATD Level III	<input type="checkbox"/>
	CAMS Level I	<input type="checkbox"/>	CAMS Level II	<input type="checkbox"/>		
<b>FINANCE:</b>	CIFA Foundation	<input type="checkbox"/>	CIFA Intermediate	<input type="checkbox"/>	CIFA Advanced	<input type="checkbox"/>
	<b>GOVERNANCE &amp; MGT:</b>	CS Foundation	<input type="checkbox"/>	CS Intermediate	<input type="checkbox"/>	CS Advanced
<b>C. FORENSIC FRAUD EXAMINER</b>	CFFE Module I	<input type="checkbox"/>	CFFE Module II	<input type="checkbox"/>	CFFE Module III	<input type="checkbox"/>
<b>PROCUREMENT (KISM):</b>	CPSP Part I	<input type="checkbox"/>	CPSP Part II	<input type="checkbox"/>	CPSP Part III	<input type="checkbox"/>
	APS Level I	<input type="checkbox"/>	APS Level II	<input type="checkbox"/>	APS Level III	<input type="checkbox"/>
<b>HUMAN RESOURCE:</b>	CHRP Part I	<input type="checkbox"/>	CHRP Part II	<input type="checkbox"/>	CHRP Part III	<input type="checkbox"/>

**SUBJECTS/UNITS REGISTERED**

CPA	CS	CIFA	ATD	CAMS	CFFE	CPSP	APS	CHRP	COMPUTER
1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.	5.	5.	5.	5.
6.	6.	6.	6.	6.	6.	6.	6.	6.	6.

**ATTENDANCE PATTERN**

**Full Time/Day Class**  **Part Time/Evening**  **Weekend Only**  **Early Morning**  **Online**

**HOW DID YOU COME TO KNOW ABOUT STAR COLLEGE? (Tick where applicable)**

**Referrals**  **Brochure**  **Social Media**  **Physical Visits**

**Others (Specify)** .....

**DECLARATION**

I ..... hereby confirm that the information given in this form is true to the best of my knowledge and, I understand that the College reserves the right to cancel/deny admission if any of the information given above is proved to be false. That I have also read and understood the Rules and Regulations of the College and agree to abide by them at all times.

**Signed:** ..... **Date:** .....

**(For official use only)**

**Admitted by:** ..... **Sign:** ..... **Date:** ..... **Official Stamp:** .....