

FOR OFFICE USE ONLY

Student #:	_____
Date-Time Application Received:	_____
Faxed Date:	_____

Course/Program: _____

Course Commencement: _____

Mr. Mrs. Ms. Miss

First Name: _____

Last Name: _____ (UPPERCASE ONLY)

Address: _____ Apt #: _____ City: _____

Country: _____ Post Code: _____

E-mail Address: _____

Home Phone: _____ Mobile: _____ Work: _____

Date of Birth: _____ Country/City of Birth: _____

ID/Passport No: _____ Country of Issue: _____ Expiry Date: _____ Religion: _____

Emergency Contact / Next of Kin

First Name: _____ Last Name: _____ Middle Name: _____

Address: _____ City: _____

Province/State: _____ Postal / Zip Code: _____

Telephone Number: _____ Mobile Number: _____ Country Prefix: _____

Status

- International
- Thai Nationality
- Student Visa
- Other

How will your tuition be financed?

- Visa/Master Card
- Cash
- Student Loan
- Private/Bank Loan

Language (s) Spoken: _____

Academic Qualification

Highest level of Education complete: _____

Year of Completion: _____

Institution Attended: _____

Training Goal

Personal Development Career Development

Other: _____

Remarks : Please write your full name in UPPERCASE Only.

Please be AWARE that your name in the certificate will be issue as in the enrolment form. If it is incorrect, we are not responsibility with this matter.

Address – Please write down your permanent address ONLY?



11th Floor, Modern Town Building
Sukhumvit Soi 63 Rd., Bangkok 10110 Thailand
Tel: +66(0)2711 5270-3 Fax: +66(0)2711 5274

Chiva-Som International Academy Course Enrollment Form

Please include the following with this Enrollment Form:

- Official Transcript of Post Secondary studies
(if applicable)
- English Proficiency – Proof TOEFL –
If English not applicant's 1st language
- Enrollment (50% deposit on Enrollment)
- 3 Copies of Passport Photo on arrival to admin
- Passport (Copy)
- Medical Certificate (Current)

For Future Job Application

- Resume
- Reference Letter

The Chiva-Som International Academy requires you to have a simulated workplace experience in our Student Clinic. Do you foresee any problem attending evening or weekend sessions?

Yes No

If yes, please briefly explain:

Method of Payment:

Please make Cheque or Money Order payable to Chiva-Som

Academy **And Fax back to +66(0)2711 5274**

Bank Transfer Detail: _____

AUTHORIZATION

This is to authorize Chiva-Som International Academy to charge the expenses (Cardholder Name) _____

For (Name of Course) _____

Date of commencement _____

To the amount of _____ representing

50% Deposit / or Total amount of the course fee to my credit card.

(Please underline)

Credit Card details are as following:

Credit Card Type: Master Card Visa Other _____

Card No:

Expiry Date: _____ Total amount to be debited: _____

Signature of Student: _____

Enrollment Procedure

A deposit of 50% for the course fee only is payable, on enrolling in the course. Full balance to be paid 1 month prior to commencing. In the event of the student being unable to attend the course, **the deposit will remain valid for a period of 1 year from the commencement of the course** and is transferable to any alternative course within this period. **All fees are non-refundable.**

CIBTAC fee and Kit fee see Registration Information below.

Course Title:

I wish to enroll in the above course(s) with Chiva-Som International Academy. I declare that the above particulars given by me are true. I further declare that I will abide by the rules and regulations laid down by the academy. I understand and accept that **all fees are non-refundable.**

Signature of Applicant: _____

Date: _____

Completed Course Certificate Receive

- By hand By mail (According to current mailing Address)
- By hand At Graduation Ceremony on Nov 08

FOR OFFICE ONLY

Interviewed By: _____ Director / Trainer: _____

Date: _____ Comments: _____

Course Fees: _____ Other Fee: _____

50% Deposit Paid: _____ Balance: _____

Payment Method:

Cash Credit Card Telegraphic Transfer Cheque

Type of Credit Card: Master Card Visa Other

Credit Card No: _____ Expiry Date: _____

Cheque No: _____ Bank: _____

Academy Signature: _____

Chiva-Som Academy Accounting Signature: _____

Receipt No: _____

Enrollment Fee: Yes No Payment Date: ___/___/___

Course Advisor: _____ Oversea student: Yes No

Finance Signature: _____