

APPLICATION FORM

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Surname	2	Middle Name	Other Na	ne
Gender: Male_	Female D	ate of Birth (MM/D)	D/YY)/	
Place of Birth (city)	State	/ Province	Country	
Nationality				
Residential Address				with
Street:				
City	State / Province		Zip / Postal Code	Ц
Country				
Phone		_ Fax	Email	
Mailing Address:		e Paris A A Air	The transfer of the same	
Postal Address:		THE PARTY	A STANDARD	
			Zip / Postal Code	
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Phone	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	_ Fax	Email	-

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Transcripts from all colleges or universities you have attached must be included with your application.

Please list below the names of these institutions, date of attendance and the awards you have received or except to receive.

Institution and Degree Awarded		Date Received or Expected		
14				
46				
Working Experience (in chronological order)				
Year (From / To)	Company or Organization	Position		
10				
4 ng				
16.05				

Declaration and Verification:

I declare that all the particulars in this application are true and correct to the best of my knowledge and I understand that any information will lead to the disqualification of my application. I fully understand that the University only provides offshore distance learning degree courses and the granting of degrees is in accordance with the Articles of Memorandum of the University. I accept the accreditation status and concept of the University Degree Programs via the dual degree international program. I accept that no legal guarantee can be given for any board membership, license, vocational career or any governmental acceptance for degrees in any foreign jurisdictions. I understand that the university is to date duly listed as university with UNESCO/IAU in Paris and in her country of origin with the Ministry of Public Education in Costa Rica. I understand that the university is solely responsible for issuing academic degrees. All partner institutions are therefore free from indemnification claims.

Applicant's Signature	Date	