



ADMISSION FORM

ENROLLMENT YEAR

This form must be filled with the correct information

PART 01

STUDENT INFORMATION

PLACE PASSPORT
PHOTO HERE

FIRST NAME

LAST NAME

OTHER NAMES

SEX

MALE FEMALE

DATE OF BIRTH: (DD/MM/YY)

COUNTRY OF RESIDENCE

NATIONALITY

RESIDENTIAL ADDRESS

TOWN/CITY

PHONE NUMBER

EMAIL ADDRESS

HEALTH

DO YOU HAVE ANY ONGOING HEALTH CONDITION
WE NEED TO KNOW ABOUTYES NO

IF "YES" PLEASE STATE HERE

EMERGENCY CONTACT

NAME

PHONE NUMBER

RELATIONSHIP

PART 02

ADMISSION INFORMATION

EMPLOYMENT / SKILL

OCCUPATION

SPOKEN LANGUAGES

SELECT COURSE TO STUDY

CERTIFICATE FASHION DESIGN

ADVANCED DIPLOMA FASHION DESIGN

PATHWAY SHORT COURSES

FOUNDATION APPRENTICESHIP

WHY DO YOU WANT TO PURSUE A CAREER IN FASHION?

WHY DO YOU WANT TO STUDY WITH CDM SCHOOL OF DESIGN?

WHAT DO YOU HOPE TO ACHIEVE AT THE END OF YOUR PROGRAM WITH CDMSD?

PART 03

DECLARATION

I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION FORM IS CORRECT AND THAT I HAVE READ, UNDERSTOOD IN SIGNING THIS DECLARATION BELOW. I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS. I UNDERSTAND THAT ACCEPTANCE INTO ANY COURSE(S) OR PROGRAM AT CDMSD IS SUBJECT TO MEETING THE COURSE REQUIREMENTS AND SUBMITTING FULL PAYMENT OF TERM FEES A MINIMUM OF 14 DAYS PRIOR TO THE COMMENCEMENT DATE OF THE COURSE.

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

PROCESSED BY

COMMENT