

International Application Form

Picklogic's application form enables you to apply directly to the University for any non-Agency course. Please read carefully the accompanying Notes for Guidance before completing this form.

- Picklogic Management Studies PO Box 4422, Fujairah, UAE
- **4** +971 50 734 6946 | +971 58 205 7320

- admissions@picklogicedu.org

1. PERSONAL DETAILS

Family Name	
First/Given Name	
Title (Mr/Mrs/Miss/Ms etc)	
Main Contact Address	Home Address (if different)
Country	Country
Main Contact Telephone Number	(Including Country Code)
Home Telephone Number	(if different)
Whatsapp Number	(Including Country Code)
Email Address	
Sex : Male	
Date of Birth / / (DD/MM/YYYY)	

DISABILITY/SPECIAL NEEDS

If you have a disability/special need and may require extra support in your study or accommodation, please enter in the box the type of disability code (See notes for guidance
Please give details of any disability and indicate clearly what needs you have



Full Name :

2. FURTHER DETAILS

3. DETAILS OF COURSE(S) TO WHICH YOU WISH TO APPLY

Course Title/Subject Name(s)	Preference Order	Year/Month Of Entry	Point Of Entry	Level: (Postgraduate/ Undergraduate/ Professional)	Mode Of Study: (Full Time/Sandwich/ Part Time/ Distance Learning)

Please indicate how you heard of these courses: e.g. Prospectus, Advertising, Fair, etc

4. WORK EXPERIENCE

(Please consult Notes for Guidance before completing this section. Give details of work experience, training and employment. Continue on a separate sheet if necessary.)

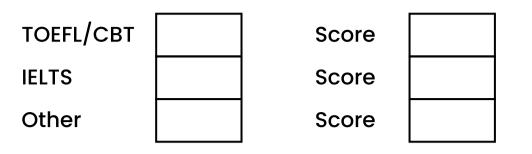
Employer Name/Training Body	Type Of Business	Your Job Title	Part Time/Full Time	From Month/Year	To Month/Year



Full Name :

5. QUALIFICATIONS GAINED

English Language Qualification (Please Indicate)



Qualifications

Name of Qualification	Duration/Date (Number Of Months/Years	Mode Of Study (Full Time/Part Time)	Subject(S)	Result	Place Of Study

Please Enclose Copies Of The Above Qualifications. Please Do NOT Send The Original Document.

6. QUALIFICATIONS FOR WHICH YOU ARE CURRENTLY STUDYING

Name of Qualification	Duration/Date (Number Of Months/Years	Mode Of Study (Full Time/Part Time)	Subject(S)	Result	Place Of Study

Have you previously studied at the Picklogic Management Studies? YES/NO
If yes, please give brief details (e.g. course, dates of study, student number)



Full Name :

7. ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION

Personal Statement

a. Reasons for applying for course/subject
b. Details of relevant work experience
c. Special interests/Career aspirations
d. Other relevant information
e. Do you have any criminal convictions? YES/NO (Please see Notes for Guidance)

8. NAME(S) AND ADDRESS(ES) OF REFEREE(S)

(Please Consult Notes For Guidance And Course Literature Before Completing This Section)

Name	Address	Phone Number 1	Phone Number 2	Email Address

9. DECLARATION

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I understand that the information provided will be held and processed by the University in accordance with the Data Protection Act (the Act) and I give my express consent to the processing of my personal sensitive data as defined by the Act by the University. I have read the Notes for Guidance and I undertake to be bound by them. I undertake to pay or cause to be paid to the Picklogic Management Studies by the due date, all fees and charges for tuition, accommodation and other services and goods supplied to me by the University, should my application be successful

Applicant's Signature

Date

10. ADDITIONAL INFORMATION

The Picklogic Management Studies may send you information from other organisations about products and services directly relevant to higher education applicants. do you want to receive it? **YES/NO**

FOR OFFICE USE ONLY	Received by	Date	Fee Status
	Admissions Tutor	Qualifications verified YES/NO	