



COLLEGE OF CREATIVE ARTS - AFRICA

APPLICATION FOR SELECTION TO STUDY AT CCA-AFRICA

NAME AND SURNAME(For Official use only):

STUDENT NUMBER (For Official use only):

** Read instructions carefully before filling in this form **

Select your Programme of study choice and check that you meet the admission requirements for the chosen qualification:

1. **Proposed Qualification – Tick where relevant**

PROGRAMME OF STUDY		TICK
DEGREE		
Bachelor of Arts Honors Degree in Film & Theatre Arts Studies		
Bachelor of Science in Music Business, Musicology and Technology Honors Degree		

2. **Applicant – Personal Details**

First Name/s (PRINT): _____

Surname (PRINT): _____

Home Address: _____

E-mail: _____

E-mail (Please re-write): _____

Date of Birth: _____ ID #: _____

Phone: _____ Cell #: _____

Nationality: _____

High School Attended: _____

Are you working? _____ If yes, name of organization: _____

Are you Physically Disabled? _____ If Yes, please give details: _____

Sex: Male Female

In case of emergency, whom do we contact? _____

Phone number: _____

Are you on Medical Aid? _____ If yes, which Medical Aid _____

3. **Academic year and semester you wish to start your studies**

Year	Semester 1	Tick	Semester 2	Tick
2019	February to June		July to November	

4. **ENTRY TYPE – Tick where relevant**

NORMAL

MATURE

SPECIAL



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5. **Please enclose the CBZ Bank deposit slip of the Non-Refundable Application Fee:**

Local students = \$30-00 (Degree); International students = \$50-00 (Degree)

6. **Educational Achievements**

	SUBJECT	LEVEL	SYMBOL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

7. **Declaration**

I declare that all the information furnished by me on this form are true and correct, and I undertake to comply with the rules, regulations and decisions of the University (MSU) and the College (CCA-Africa), and any amendments thereto, and have taken note of the advice given to me by CCA-Africa's counselling officer in general and/or to the field of study for which I intend to register. I understand that if the information turns out to be false, my application will be immediately disqualified. I have attached NOTARY PUBLIC certified copies of the following documents:

DOCUMENT	TICK	DOCUMENT	TICK
Birth Certificate		'O' Level Certificate	
National ID		'A' Level Certificate	
Passport		College / University Certificate	
Marriage Certificate		Transcript	

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

8. **Documents Received and Verified**

DOCUMENT	TICK	DOCUMENT	TICK
Birth Certificate		'O' Level Certificate	
National ID		'A' Level Certificate	
Passport		College / University Certificate	
Marriage Certificate		Transcript	

9. **CBZ Payment**

CBZ Receipt Number: _____ Application Number: _____

10. **Counselling Officer**

Print Name: _____

Signature: _____ Date: _____