



# 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 HIGHER DIPLOMAS		TICK
<b>Department of Film and Media</b>		
Higher Diploma in Film and Television Production		
Higher Diploma in Radio and Sound Media Production		
Higher Diploma in Journalism and Media Studies		
Higher Diploma in 3D Animation and Visual Effects		
<b>Department of Music and Sound</b>		
Higher Diploma in Music Production & Sound Engineering		
Higher Diploma in Music Education		
Higher Diploma in Compositional Techniques and Performance		
Higher Diploma in Music Business and Marketing		

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 the organization: \_\_\_\_\_

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

Sex: Male  Female

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	



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

NORMAL

MATURE

SPECIAL

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

Local students = \$25-00 (Diploma); International students = \$45-00 (Diploma).

6. **Educational Achievements**

	SUBJECT	LEVEL	SYMBOL
1			
2			
3			
4			
5			
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8			
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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 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: \_\_\_\_\_