





# **APPLICATION FOR ADMISSION**

Please submit your completed application with all required documents to us

INTAKE				Di	ESIRED PROGRA	M
A. PERSONAL DA	<b>ATA</b> Name in CAP	TAL LETTERS	(please type or print clearly)			
First Name			Middle Name		Last Name	
Nationality						
Country			Date of	Birth		
Email Address						
Passport #						
Male	Female		Marital Statu	s		
ermanent Mailing A	ddress					
Address						
City/Town				State/Province		
Home Phone #			Mobile Phone #		Zip/Postal Code	
Current Mailing Add	ress					
Address						
City/Town				State/Province		
Home Phone #			Mobile Phone #		Zip/Postal Code	

Father's Full Name		Occupation	Occupation		Phone Number	
Mother's Full Name		Occupation	Occupation		Phone Number	
Numbe	er of Siblings and age(s)	<u> </u>				
Name an	d phone number of perso	on to call in case of emergency	: (must b	e filled in)		
Name		Phone Number		Relation		
B. ACA	DEMIC RECORD					
High Sch	ool					
Schoo	ol Name		Year	of Graduation	Grade	
Under Gr	aduate Course					
S.No	Institution Name(s)					
1	1					
2						
Major (s)						
Degree Ty	pe(s) and Date(s)					
Overall U	ndergraduate GPA					
Post Grad	duate Course					
S.No Institution Name(s)						
1						
2						
Major (s)						
Degree Type(s) and Date(s)						
Overall Undergraduate GPA						

## C. EMPLOYMENT, VOLUNTEER WORK, AND EXTRACURRICULAR ACTIVITIES

### List last two employment

S.No	Company Name	Position	From	То

#### List last two volunteer work done

S.No	Company Name	Position	From	То

#### D. HOW DO YOU HERE ABOUT FEATS?

#### (PLEASE BE SPECIFIC)

Advertisement	School Advisor	
Google	Facebook	
Feats Graduate/Student	Friend	
Agent	Other	

#### E. BACKGROUND CHECK (Credit Authorization)

application includes all required items listed above.

#### To whom it may concern:

I hereby authorize and request any credit agency, or other persons having knowledge regarding my credit history, to furnish FEATS Education or its authorized partners with information regarding my credit history. I agree that a photocopy of this information can be furnished to FEATS and that it will have the same authority and authenticity as the original.

I understand that any misrepresentation, falsification or omission of the facts herein may be considered cause for my being denied full admission to the program and, consequently, dismissal from FEATS Education.

I verify that the information on this form is true to the best of my knowledge.

Name:	
Signature	Date:
I,	, understand that FEATS Education
	by state all information here is true, I am responsible for all applicable fees,
and will conform to all terms and conditions pertine  Any applicant providing any incorrect or misleading	
<ul> <li>Please enclose the following along with your completor of recommendation, official transcripts and accepta</li> <li>High school graduate applicants must provide official</li> </ul>	leted application: at least two recent passport-size photographs, two letters ble means of identification al high school transcripts.  raduate colleges must be sent directly to FEATS Education.
Signature	Date:

Please note: Your application will NOT be processed unit all applicable sections are completely answered and your