

FRONTIER INSTITUTE OF PROFESSIONAL AND MANAGEMENT STUDIES

'Centre for excellence in management, business and ICT studies'

All official correspondence should be addressed to:
The Manager



Reg. Cert. No. MOHEST / PC / 1788 / 012

STUDENT APPLICATION FORM

FI Form No: _____

COMPLETE ALL APPROPRIATE SECTION IN CAPITAL BLOCK LETTER
AND RETURN WITH YOUR SUPPORTING DOCUMENTS TO THE REGISTRAR.

AFFIX COLOUR
PHOTO
(PASSPORT SIZE)
" WITH GLUE NO
STAPLES"

SECTION A: Personal Information

Name: Last (Surname) _____ First _____ Middle _____
.....
Date of Birth _____ Month..... Day..... Year..... Female () Male ()
Citizenship ID/Passport No..... Marital status.....
Next of kin Relation..... Cell phone No.....

Contact Address

P.O.Box..... City/Town..... County
Postal code..... Cell Phone No..... E-mail

SECTION B: Programme

Please tick your preferred semester of enrolment

January () May () September () Year

Course name (see details in brochure)

Level / Module / Year

I plan to attend: Part-Time classes () Full-Time classes () Distance learning ()

SECTION C: How did you learn about FIPAMS – Tick one

College guide () Radio () Exhibition () Parent ()

FIPAMS student Friend () Student/Staff: Name:..... Adm. No:.....

