



MAURITIUS COLLEGE OF THE AIR

Réduit, Mauritius

Telephone: (230) 403-8200 Fax: (230) 467-2508

Website : <http://www.mca.ac.mu>

Application Form for Admission to Programmes being run in collaboration with the University of Mauritius

1. TITLE OF PROGRAMME/S APPLIED FOR (IN ORDER OF PRIORITY)

Programme Name (As advertised)		Programme Code if applicable					
1							
2							
3							

N.B With each application form for postgraduate programmes, please attach a statement of about 300 words expressing your interest in the programme and how it would benefit your future career.

2. SURNAME (in full):

3. OTHER NAMES (in full):

4. MAIDEN NAME (if married):.....

5. DATE OF BIRTH: SEX: Male Female NATIONALITY:

6. MARITAL STATUS: Single Married

7. NATIONAL IDENTITY CARD NUMBER:

8. ADDRESS FOR CORRESPONDENCE:.....
.....
.....

9. PHONE NO: (Home) (Office) (Mobile)

FAX NO: EMAIL ADDRESS (if any):

10. Any Disability (Physical or otherwise) you would wish to apprise the Mauritius College of the Air of:

11. EDUCATIONAL INSTITUTIONS ATTENDED (Including secondary schools and all places of further education in chronological order)

NAME AND POSTAL ADDRESS	ENTERED		LEFT	
	Month	Year	Month	Year

13.2 HSC/GCE ADVANCED LEVEL / INTERNATIONAL BACCALAUREATE RESULTS

Index No. →		1 st Attempt			2 nd Attempt			3 rd Attempt		
Date of Attempt (Month/Year) →										
13.2.1	Subjects obtained at Principal or Advanced Level	GRADES - (A,B...E for HSC) & (1,2...7 for International BAC)								
1.										
2.										
3.										
4.										
5.										
6.										
13.2.2	Subjects obtained at Subsidiary/ Advanced Subsidiary Level	GRADES - (a,b...e for HSC) & (1,2...7 for International BAC)								
1.										
2.										
3.										
4.										

14. OTHER QUALIFICATIONS (e.g. French Baccalaureate)

Awarding Body	COURSE/PROGRAMME	Grade Achieved	From		To	
			Month	Year	Month	Year

15. THIS SECTION SHOULD BE FILLED IN BY THOSE IN EMPLOYMENT

Give all relevant information about previous and present employment as follows :

From		To		Name & Address of Employer/Firm	Position Held
Month	Year	Month	Year		

Employer Declaration Form to be attached.

16. Give brief details of your activities and responsibilities in your present position.

.....

.....

.....

.....

.....

17. State whether sponsored:

Yes/Fully

Yes/Partly

No

18. REFEREES (Please give the names of two persons who can testify to your ability to undertake studies satisfactorily. Please obtain their prior agreement since the Mauritius College of the Air may write to them.)

REFEREE 1

Name

Occupation

Address

Phone No

Fax No

Email

REFEREE 2

Name

Occupation

Address

Phone No

Fax No

Email

19. APPLICABLE TO NON-MAURITIAN APPLICANTS ONLY

Funding relating to the period of the proposed programme

Source of Funds	Amount (in Mauritian Rupees or US \$)	State whether already guaranteed, applied for or not yet applied for

20. DECLARATION OF APPLICANT

I,, solemnly declare that if admitted to the Mauritius College of the Air, I will diligently follow the programme of study for which I am selected to its termination; that I will inform the Director, Mauritius College of the Air, in writing and without delay, if I withdraw from the programme; and that I will conform to all the rules and regulations of the University of Mauritius and the Mauritius College of the Air. I certify that I will pay in advance all fees and dues required and I also declare that the above information is correct.

Date

Signature