



CLARENCE FITZROY BRYANT COLLEGE CONFIRMATION RECEIPT

PLEASE PRINT, COMPLETE, SIGN AND SUBMIT THIS PAGE ALONG WITH YOUR SUPPORTING DOCUMENTS TO THE OFFICE OF THE REGISTRAR

NAME (PLEASE PRINT): _____

SONIS ID: _____

1st Programme Choice _____

2nd Programme Choice _____

The following documents are required. All copies must be certified. Please ensure that you submit these documents along with this signed page.

- ☐ Academic Certificates
- ☐ Academic Transcripts
- ☐ Birth Certificate and/or Government Issued ID
- ☐ Proof of Citizenship (if applicable)
- ☐ Reference Letters (if applicable)
- ☐ Police Record (if applicable)
- ☐ Essay/Personal Statement (if applicable)
- ☐ Work Samples (if applicable)
- ☐ Curriculum Vitae (if applicable)
- ☐ Performance Evaluation (if applicable)
- ☐ Marriage Certificate (if applicable)
- ☐ Nursing License (if applicable)
- ☐ Additional Certificates and/or awards
- ☐ English Proficiency Results (if applicable)

FOR OFFICIAL USE ONLY

Documents Received by: _____

Date: ____/____/____ (dd/mm/yyyy)

OFFICIAL ASSESSMENT

- | | | |
|---|---------------------------------------|--------------------------------------|
| ☐ National | ☐ Non-national | ☐ Citizen |
| ☐ First Time Applicant | ☐ Mature Entry | ☐ Readmission |

Notes:

Application Importation	____/____/____ Date:(dd/mm/ yyyy)	_____ Officer's Signature
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Admission Broadsheet Importation	____/____/____ Date:(dd/mm/ yyyy)	_____ Officer's Signature
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DECLARATION (YOUR SIGNATURE IS REQUIRED BELOW. Without your signature your application cannot be processed.)

I hereby certify that the facts provided in this application form are true and complete to the best of my knowledge. I am aware that the information given will be investigated, with my full permission, and that any misrepresentation or omissions may cause my application to be rejected and ineligible for admission to the College. I understand that if admitted to the College, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant

____/____/____
Date (dd/mm/yyyy)

PARENT/GUARDIAN DECLARATION (for students below 18 years of age)

I hereby certify that the facts provided in this application form are true and complete to the best of my knowledge. I am aware that the information given will be investigated, with my full permission, and that any misrepresentation or omissions may cause my child/ward's application to be rejected and ineligible for admission to the College. I understand that if he/she is admitted to the College, falsified statements on this application shall be considered sufficient cause for dismissal.

Parent/Guardian's Full Name

Parent/Guardian's Signature

____/____/____
Date: dd/mm/yyyy