

New Students: Please complete **ALL** sections.

Returning Students: Please complete **ONLY** sections **A, C, D, E, F and H**. If however, there are changes to contact information (section **B**) or emergency contact information (section **G**), please complete these sections also.

SECTION A: PERSONAL INFORMATION																		
STUDENT ID #:						NATIONAL REGISTRATION #:												
NAME: * (Mr./Mrs./Ms./Miss./Other)			(First Name)			(Middle Initial)			(Surname)									
OTHER NAME(S): (If Applicable)			(Maiden Name or Former Surname)															
SECTION B: CONTACT INFORMATION																		
HOME ADDRESS: *																		
EMAIL ADDRESS: *																		
TELEPHONE NOS.: *			(H)				(W)				(C)							
DATE OF BIRTH:			yyyy		/		mm		/		dd		GENDER:		<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	
COUNTRY OF BIRTH:						NATIONALITY:												
SECTION C: EMPLOYER INFORMATION																		
NAME OF COMPANY/ ORGANIZATION: *																		
ADDRESS:																		
PRESENT JOB TITLE:																		
SECTION D: COURSE/SEMINAR INFORMATION *																		
TERM:			Please tick (✓) the appropriate box (<input type="checkbox"/>)					YEAR: *										
			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> Summer												
#	CODE:	COURSE/SEMINAR TITLE:				DAY(S)		TIME		PROG COURSE? Tick (✓)								
1.										<input type="checkbox"/>								
2.										<input type="checkbox"/>								
3.										<input type="checkbox"/>								
4.										<input type="checkbox"/>								

PAYMENT: (OFFICIAL USE ONLY)						
COURSE CODE:	FEE PAID: \$	DATE: Y M D	METHOD OF PAYMENT	CARD NUMBER (If Applicable)	RECEIPT NUMBER	MEMBER FEE Y/N

SECTION E: SPONSOR INFORMATION

Please tick (✓) the appropriate box (☐)

<input type="checkbox"/> SELF-SPONSORED	<input type="checkbox"/> COMPANY SPONSORED
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NAME AND TITLE OF COMPANY CONTACT PERSON (if sponsored):

Name :	Title:

SECTION F: PROGRAMME INFORMATION

Please tick (✓) the appropriate box (☐)

PROGRAMME OF STUDY:	<input type="checkbox"/> 1-YEAR BCMS	<input type="checkbox"/> 2 ½-YEAR BDMS	<input type="checkbox"/> BBA	<input type="checkbox"/> OTHER (BYEP, BAC, BPDP)
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AREA OF SPECIALIZATION:	<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Administrative Management	<input type="checkbox"/> Event Planning & Conference Management
	<input type="checkbox"/> Financial Management	<input type="checkbox"/> General Management	<input type="checkbox"/> Human Resource Management
	<input type="checkbox"/> Management of Information Technology	<input type="checkbox"/> Marketing Management	<input type="checkbox"/> Production and Operations Management
	<input type="checkbox"/> Supervisory Management	<input type="checkbox"/> Tourism Management	<input type="checkbox"/> Other _____

SECTION G: EMERGENCY CONTACT INFORMATION

NAME:	RELATIONSHIP:
CONTACT NOS:	(H) (W) (C)

SECTION H: HOW DID YOU HEAR ABOUT US?

Please tick (✓) all that apply

<input type="checkbox"/> TV Ad	<input type="checkbox"/> Radio Ad	<input type="checkbox"/> Newspaper Ad
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Website	<input type="checkbox"/> Social Media Site (Twitter, Facebook etc.)
<input type="checkbox"/> Currently Enrolled in a BIMAP Programme	<input type="checkbox"/> Recommended by Employer	<input type="checkbox"/> BIMAP Sponsored Event (e.g. Crop Over event, Calypso Tents)
<input type="checkbox"/> Recommended by a BIMAP Staff Member	<input type="checkbox"/> Other (please specify)	
Name of Staff Member: _____	_____	

Signature:	Date: yyyy / mm / dd
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