

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:		OTHER (enter details below)		
							<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
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 (☐)

SELF	SPONSORED (If checked, please complete the Consent Form to release academic records)
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SECTION F: PROGRAMME INFORMATION

Please tick (✓) the appropriate box (☐)

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