



WAALM – School of Cultural Diplomacy

Application Form

Please print and complete this form then scan and email it back enclosed with other required scanned documents to: admin@waalmdiplomacy.org

Paste a recent passport size photo of you here

IN BLOCK CAPITAL ONLY

First Name: _____ **Family name:** _____

Date of Birth: ____/____/____ **Nationality:** _____
Day Month Year

Current Address: No _____ **St.** _____

City _____ **County** _____

Post code _____ **Country** _____.

Tel (including country code): _____

Mobile (including country code): _____

Postal Address (if different from above): _____

Email Address (for your online education): _____

Alternative Email (In case of any technical problems): _____

Your Secondary Qualification:

Name of Institution	Major / Subject(s)	Date of Award	Grade

Your Post-secondary Qualification(s):

Name of Institution	Major / Subject(s)	Date of Award	Grade

Your Undergraduate / Equivalent Qualification(s):

Name of Institution	Major / degree	Date of Award	Grade

Please fill up this section if you completed any Postgraduate / Equivalent Qualification(s):

Name of Institution	Major / degree	Date of Award	Grade

You English Language Skills (Please tick the appropriate box):

I am holder of a recognised English Language Certificate
(listed on WAALM-SCD' s website)

I am holder of WAALM – SCD's English Language Certificate

I am a native speaker of English / my previous higher education was in the English Language.

I want to take WAALM- SCD's English Language Test

Please name the programme that you wish to enrol: _____

Please select the level of your programme (please tick the appropriate box):

Certificate

Advanced Certificate

Diploma

Diploma through Research & Dissertation

Please briefly write why you wish to take up this programme:

This is to certify that to best of my knowledge and believe all the above given information are true and hereby I confirm that I fully understood and accept the school's terms, conditions, rules and regulations.

Applicants' signature: _____ **Date:** ____/____/____.

OFFICE USE ONLY:

Reg /ST No: _____	POCF: _____
DOP: _____	END: _____
NOA/C: _____	

Please scan and send the followings via email:

- 1) This application form**
- 2) Copies of your previous qualification(s)**
- 3) Copy of your English language Cert. (if applicable)**
- 4) Receipt / bank transaction of your Reg. Fee**