APPLICATION BASED ON FILE REVIEW

N° File:_____ Received on: _____(Do not fill in)

Academic year: 202.... / 202….
Date: _____

To be returned to: **ALI BBA INSTITUTE, ADMISSIONS OFFICE**
Chateau Ngoa Ekelle Yaounde - Cameroon
Tel: + 237 657 75 54 87 / 237 676 25 85 13 / +33 7 51 42 14 59
Email: Info@africaleadershipinstitute.com
WebSite: www.africaleadershiphigherinstitute.com

PERSONAL INFORMATION

Name and surname: _____

Date of birth: _____Place of birth: _____

Nationality: _____sex: _____

ID N°/ Recepissé / Passeport: _____

Phone number: _____Adress_____

Previous school: _____ Serie: _____

PARENTS INFORMATION

Father's name: _____ Profession: _____

Contact: _____ Email:_____

Mother's: _____ Profession: _____

Contact: _____ Email:_____

PATHWAYS: Bachelor In Business Administration

PAPERS OF O LEVEL ……

HOW DID YOU HEAR ABOUT ALI BBA INSTITUTE?

Tick one or more boxes

Social media ☐ Advertising posters ☐ Television / radio ☐ Website ☐

Forums ☐ Guidance Counselor ☐ Others:_____

TELL US MORE ABOUT YOURSELF

Why do you want to join ALI Institute ? _____

_____

What is your professional career plan ? _____

_____

Why should we select your application ? _____

_____

I, here certify that all the information provided in this document is accurate and correct.
Candidate's Signature

Done at _____ ***On*** _____

SUBMISSION RECIEPT

Name and surname: _____
Date and place of birth: _____
File Number: _____

Stamp and signature of ALI BBA Institute

Photo 4*4
Color on white background