



WANSANJE TRAVEL AND TOURISM INSTITUTE - STUDENT APPLICATION FORM

Fill in this form, when completed, please return this form to:
The Academic Registrar, WTTI P O Box FW 18, Indeco House 7th floor, Lusaka, Zambia 10101.

Your Personal Details

Name: Mr/Mrs/Miss/Ms:

DATE OF BIRTH:.....

N.R.C /PASSPORT /DRIVER'S LICENSE /PASSPORT NO:.....

Your Full Postal and Residential Address:

.....

Student cell phone number:

Please list below your existing qualifications :

.....

.....

Sponsor's Details

Sponsor name.....

Sponsor's cell phone number:

Sponsor's Employment details

Please provide the following information about your employment and your employer:
What is the name and address of your employer?

.....

I wish to undertake a Course in (please ticking your program below):

- Diploma in **Business Administration** (TEVETA)
- Diploma **Travel and Tourism Management** (TEVETA)
- Cert/Dip/Advanced Dip in **Travel, Tourism&Business Studies** (ICM)
- Cert/Dip/Advanced Dip in **Hospitality/Hotel Management** (ICM)
- Dip/Advanced Dip in **Business Studies** (ICM)
- Cert/Dipl &Advanced Dip in **Journalism or Journalism &Media Studies** (ICM)
- Certificate in Front Office Operation and Administration/Management (ICM)
- Cert, Dip and Advanced Diploma in **Sports Management** (ICM)

Indicate below the course you would like to study if not on the List above:

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Please indicate below how you came to know WTTI:

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MODE OF STUDY [TICK]

FULL TIME

PART TIME

CORRESPONDENCE

DISTANCE

DECLARATION BY A STUDENT

Ishall abide by the condition and regulations of the Institute as specified in the rules and regulations.

Student, s Signature.....Date.....

DECLARATION BY THE SPONSOR /GUARDIAN

Iagree to abide by the conditions as stated in the rules and regulations and accept liability for any abrogation .

I have accepted to the following payment schedules:

Full amount zmk.....full amount in

Words.....

Amount paid in figures zmk.....in Words.....

Sponsor's Signature.....

Date /...../...../...../

FOR OFFICE USE ONLY

Amount paid in figure zmk.....in

Words.....

Recipient's name.....Date.....

Signature.....