

Application form

Please print clearly in English in BLOCK LETTERS. Tick boxes where appropriate.
Please read carefully and send the completed application form to ACBT. Certified academic transcript, certificates and proof of English proficiency (eg: IELTS, TOEFL etc.) must accompany your application.



in association with



Your application will not be processed if you do not provide all the requested details.

Student No:

Personal details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other
Family name:
Given names:
Preferred name:
Date of birth: / / (day/month/year)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of birth:
Nationality (on passport):
Passport number:
Passport expiry date: / / (day/month/year)
Have you previously studied at ACBT? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please provide your ACBT student ID number:
Do you grant ACBT permission to provide your parent or guardian listed below with any information pertaining to your application to study, ongoing academic progress, results and attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Contact details

Applicant's contact details

Address:
Home telephone:
Mobile telephone:
Business telephone:
Email address:

Parent's/guardian's contact details

Family name:
Given names:
Relationship to applicant:
Address:
Home telephone:
Mobile telephone:
Business telephone:
Email address:

Previous studies

Secondary education: highest level achieved

Name of qualification (e.g. Year 12, HKALE, 'A' Levels):
Name of school:
Country/state:
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Year completed:
Language of instruction:

Post-secondary/tertiary education: highest level achieved

Name of qualification (e.g. degree, diploma):
Name of school/institution:
Country/state:
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Year completed:
Language of instruction:

Employment history

If you believe you have employment experience that is relevant to the program you are applying for, please attach a CV and references.

Program selection

<input type="checkbox"/> Foundation _____
University-level (Diploma) program
<input type="checkbox"/> Diploma of Business
<input type="checkbox"/> Diploma of Computing
Please specify when you prefer to begin your studies:
Year _____ <input type="checkbox"/> March <input type="checkbox"/> July <input type="checkbox"/> November

Request for disability support

Do you have a disability that may affect your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please specify: _____
Please attach relevant information so that ACBT can arrange assistance

English proficiency

(Please tick and attach documentary evidence where applicable)
<input type="checkbox"/> I have a credit pass at GCE O/L (attach results). <input type="text"/>
<input type="checkbox"/> I have taken an IELTS or TOEFL test (attach results). <input type="text"/>
<input type="checkbox"/> I have obtained a satisfactory mark or score in another examination

Mathematics qualifications

(Please tick and attach documentary evidence where applicable)
<input type="checkbox"/> I have a credit pass at GCE O/L (attach results). <input type="text"/>
<input type="checkbox"/> I have obtained an equivalent qualification (attach results).

16 Other information

How did you first learn about ACBT? You may tick more than one.

- ☐ Exhibition/seminar
- ☐ Newspaper/magazine
- ☐ Recommended by a friend/relative — if so, is your friend/relative a ACBT student? ☒ Yes ☐ No
- ☐ Recommended by an education agent
- ☐ Internet, please specify: _____
- ☐ Other (please specify): _____

Application checklist

Check that you have:

- ☐ completed all sections of the Application form
- ☐ read and understood the Conditions of Enrolment page 26

Check that you have attached:

- ☐ certified copies of your academic qualifications
- ☐ evidence of your English language proficiency (if required)
- ☐ a copy of your passport, visa or birth certificate (if required)
- ☐ any relevant employment documentation (if required)
- ☐ certified translations of any documents not in English

A certified copy is signed by an authorised officer to acknowledge that it matches the original document exactly. Authorised officers include

Declaration

I declare the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving false or incomplete information may lead to my application being refused or my enrolment cancelled.

I have read and understood the relevant program information in this brochure and/or on the ACBT website and I have sufficient information about ACBT to enrol. I understand that the pathway may lead to future studies at ECU, subject to ECU's entry requirements.

I understand that ACBT fees may increase. I accept liability for payment of all fees as explained in the ACBT brochure, and I agree to abide by the Refund policy.

I have understood and I accept the Conditions of Enrolment and I understand that ACBT may, by written notice, vary its conditions as may be necessary to comply with any law or regulation, or amendment of any law or regulation, of the Republic of Sri Lanka.

I give permission for ACBT and ECU to obtain official records from an educational institution attended by me, and to supply my contact details and any relevant official records to educational institutions I am eligible to gain admission to.

I authorise ACBT to provide my personal information, including my contact details and enrolment details, to third parties in accordance with ACBT's Privacy policy. These third parties include ACBT representatives (agents) acting on my behalf; ECU (to facilitate progression from ACBT to the next stage of my studies); and Navitas Limited and its affiliates (to communicate regarding pathways and services offered by Navitas Limited and its related companies).

I understand that any conditions concerning an offer of admission will be contained in my letter of offer from ACBT, which I will be required to read and sign.

Applicant's signature _____

Date: / / (day/month/year)

Parent's/guardian's signature (if applicable) _____

Date: / / (day/month/year)

If you are under 18 years of age, your parent or guardian must also sign this application form.

Application submission

This application form has been submitted in:

City: _____ Country: _____

Postal address for applications

Colombo College
442 Galle Road
Colombo 03
Sri Lanka

Telephone: +94 11 2565 511
Hotline: +94 77 3000 900
Fax: +94 11 2565 594
Email: info@acbt.lk
Web: www.acbt.net

Kandy College
670/5 Peradeniya road
Kandy
Sri Lanka

Telephone: +94 81 220 5800, +94 81 220 5858,
+94 77 227 3333
Hotline: +94 77 2273 333
Fax: +94 81 2205 171
Email: info@acbt.lk
Web: www.acbt.net

Galle College
46 1/2, Colombo Road
Kaluwella Galle
Sri Lanka

Telephone: +94 91 224 4544, +94 91 222 4535
Hotline: +94 77 3099 251
Fax: +94 91 2224 534
Email: info@acbt.lk
Web: www.acbt.net

OR hand it in, in person, to the ACBT reception or to an ACBT marketing counsellor.