

Application Form for Admission to Postgraduate Certificate in Archival Studies

Name: (*Mr./Mrs./Miss/Ms.) _____

*Delete as inappropriate

Name in Chinese characters
(if appropriate)

ACADEMIC INSTITUTIONS ATTENDED (eg. School, College or University)

| Institution | Level reached | Period of attendance (From to) | Part-time or Full-time |
|-------------|---------------|------------------------------------|---------------------------|
| | | | |

ACADEMIC QUALIFICATIONS

| #Degree/Diploma/Certificate held | Class or Level | Main Subject | Date of Award |
|----------------------------------|----------------|--------------|---------------|
| | | | |

WORKING EXPERIENCE (in chronological order)

| Organization | Position | Dates | |
|--------------|----------|-------|----|
| | | From | to |
| | | | |

Explain why you wish to take the Postgraduate Certificate in Archival Studies, and state what you expect from this course.

DECLARATION

I declare that the information provided by me in this application form is accurate and complete.

Date: _____ Signature: _____

Certified Photostat copies of relevant Certificates must be attached.