

Application Form

Postgraduate Certificate in Archival Studies

LB009 / IT 18-803-00

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

Name in Chinese
(if appropriate)

ACADEMIC BACKGROUND (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

Please indicate your choice of applying for Postgraduate Certificate in Archival Studies and expectations of 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.