



International Study House

21-Kostava Street, Rustaveli, Tbilisi, Georgia
(O) +995-832-2990210, (M) +995-598-598180718
Email: info@ishedu.com, www.ishedu.com, Skye : ishgeorgia

Please
Attach
Photograph

Application Form

Student ID:

Passport Number:

Please complete this application form in BLOCK capitals and in black ink.

Family name <input type="text"/>	First name(s) <input type="text"/>
Date of birth <input type="text"/> Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality <input type="text"/>
Address (if in London) <input type="text"/>	Address (if overseas) <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Telephone no <input type="text"/>	Telephone no <input type="text"/>
Mobile no <input type="text"/>	Mobile no <input type="text"/>
Date of entry to GE (if applicable) <input type="text"/>	E-mail address <input type="text"/>
E-mail address <input type="text"/>	
Course Title: (Please state the course for which you wish to apply)	
<input type="text"/>	
Course Level: (Please state the course level/modules you wish to apply)	
<input type="text"/>	

Mode: (Overseas students requiring student visa may only take full-time courses)

Full-time Part-time (Day) Part-time (Evening/Weekend)

Commencement: (Please indicate the date you wish to commence your course of studies by ticking one of the following)

January 200__ May 200_ September 200_

Course Duration: (1 term = 3 months) Please indicate the duration of your intended course by ticking one of the following

3 Months 6 Months 1 year 2 years

3 years Others _____

Who will pay your fees? Please tick as appropriate.

Parents Family Member Employer (Please attach evidence) Self

Others Please Specify

Educational Qualifications:

Title	Examining Board/Institution	Date Awarded	Subjects passed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Examinations to be taken/results pending:

Title	Examining Board/Institution	Result Date	Subjects passed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

English Language Proficiency:

- Is English your first language? (Please tick as applicable) Yes No
- Have you attended any courses in English Language Yes. If Yes please attach evidence No
- Have you taken any English Language Proficiency test? Yes. If Yes please attach evidence No

Work Experience (if any):

Job Title	Name of organisation	Full/Part-time	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To help us provide assistance wherever possible please state briefly any disabilities or conditions requiring special support or facilities:

Please give reasons for choosing this programme of study.

What are your future education plans?

What kind of employment do you intend to seek on completion of your studies?

Three empty text input boxes for employment details.

Please write a brief statement about your interests and hobbies.

Three empty text input boxes for interests and hobbies.

REFERENCE (where applicable):

This section must be completed by your present or past teacher, employer or a person who knows you well, academically and/or socially. Incomplete application forms will not be processed. Students who are currently studying in the Georgia do not need to complete this section. Instead, an interview with the applicant will be required.

Note to Referee:

As many potential candidates apply, selection is extremely difficult. Your comments will provide us with important information in assessing this application.

How long have you known the applicant and in what capacity?

Two empty text input boxes for referee information.

What is your opinion of the Applicants suitability for the course chosen?

Three empty text input boxes for suitability opinion.

Please tick appropriately – One tick per row

		Outstanding	Excellent 90-94%	Very Good 75-89%	Good 60-74%	Average	Below Average	Not known
Intellectual /Academic ability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluent and logical communication in English	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work hard		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other information that you feel is relevant

Two empty text input boxes for additional information.

Referee's name

Text input box for referee's name.

Referee's signature

Text input box for referee's signature.

Date

Text input box for date.

How did you hear about the College?

Newspaper/Magazine

Name of Newspaper/Magazine

Relative/Friend

Other sources (please state)

Declaration:

I confirm that, to the best of my knowledge, the information in this form is correct. I have read the College prospectus/brochure. I understand and agree to abide by the conditions and regulations set out there, which I accept as a condition of this application:

Applicant's signature

Date

Registration fee USD 100, which will be sent direct to International Study House Ltd, Account – GE26 TB71 0673 6120 1000 01, Bank – TBC - Bank Vake Branch, Head Office Swift – TBCBGE22, Branch Swift TBCBGE22830, Intermediary – Citi Bank NA, 111 Wall Str, New York, NY 10043, Swift CITIUS33, ABA: 021000089, TBC Banks' Correspondent Account #36127097

FOR REGISTRY USE ONLY:

Student interviewed in: London

Overseas

Country

Interviewed by

Date interviewed

Comments

Course title on which place offered

Course Level (Certificate, Diploma, etc.)

Course Duration (please state COMMENCEMENT and FINISHING date)

Course Code

Tuition Fees Status Home

Overseas

Date Received

Tuition Fee

Processed by

FOR FINANCE USE ONLY:

Reg. Fee Received No

Yes

Receipt No

Cash

Cheque

DCard

CCard

Other

Account Number

Tuition Fee Received

Accommodation Fee Received

Fee Payment Notes

Signed

Date Received

Position