Lunesberg Medical Training College

Admission Acceptance Form

Vantage Towers, Ruai Bypass Junction

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Instructions:

- This form confirms your acceptance of the admission offer.
- Please complete all sections and return to the admissions office.
- Read the terms and conditions carefully before signing.

SECTION A: PERSONAL INFORMATION

Full Name (as per ID):

_____

Date of Birth:

_____

ID/Passport Number:

_____

Phone Number:

_____

Email Address:

_____

Physical Address:

_____

SECTION B: ADMISSION DETAILS

Programme Admitted To:

_____

Admission Date:

_____

Student ID Number:

_____

Intake:

☐ January

☐ May

☐ September

Mode of Study:

☐ Full-time

☐ Part-time

☐ Weekend

☐ Blended

SECTION C: ACCEPTANCE DECLARATION

I ACCEPT THE OFFER OF ADMISSION

I hereby accept the offer of admission to Lunesberg Medical Training College and agree to abide by the college's rules and regulations.

Terms and Conditions:

- I agree to pay all required fees as per the college fee structure.
- I agree to adhere to the college's code of conduct and academic regulations.
- I understand that failure to comply may result in disciplinary action.
- I confirm that all information provided in my application is true and correct.
- I agree to notify the college of any changes to my contact information.

Student Declaration:

I, the undersigned, confirm that I have read and understood the terms and conditions of admission and agree to abide by them.

Full Name: _____

Signature: _____

Date: _____

Parent/Guardian Declaration (For students under 18):

I, the parent/guardian of the above-named student, confirm that I support their admission and agree to the terms and conditions.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Phone Number: _____

SECTION D: OFFICE USE ONLY

Admission Number:

_____

Registration Date:

_____

Registered By:

_____

Remarks:

_____