ACE
EDUCATIONAL CONSULTS LIMITED

# UNDERGRADUATES STUDIES
# PRE-QUALIFICATION FORM

Surname:

First Name | Middle Name

Preferred Name

Date of Birth:

| Day | Month | Year |
|---|---|---|
| | | |

Citizenship

Email Address

Telephone

## Personal Information:

Contact Address

Permanent Address

## Details of International Passport:

Passport Number

Date of Issuance | Expiry Date

## Details of Parent / Guidance

Surname, First & Middle Name

Relationship

Address

Telephone Number

Email

## Proposed Academic Program

Degree Applying for
(Diploma, B.Sc., B.A., etc)

Program - First Choice

Program - Second Choice

Start Date (Jan. / Sept.)

## Educational Background

Name of Institution

Address of Institution

Start Date

End Date