



AAIMS ALLIANCE HEALTH DIVISION

REQUEST TO CONTINUE STUDIES

PERSONAL DETAILS

Name: _____ Date of birth

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Student Reference number

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Address: _____

Contact: (W) _____ (H) _____ (Cell) _____

Name and contact in case of emergency: _____

ACADEMIC INFORMATION

Programme (s) completed: _____ Year completed: _____

Name of programme you are applying for: _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

COMPLETED PREVIOUS PROGRAMME Yes No _____

CLEARED BY FINANCE Yes No _____

PROGRAMME PRE-REQUISITES SUBMITTED Yes No _____

COURSES EXEMPTED _____

DURATION OF COURSES TO BE DONE _____

COMMENCEMENT DATE _____

TUITION PAYABLE _____

REQUEST APPROVED BY: _____

PROGRAMME CO-ORDINATOR

ACCOUNTANT

OPERATIONS MANAGER