

APPLICATION FOR REGISTRATION - EXAMINATIONS

PRIVATE CANDIDATE - IGCSE, ADVANCED SUBSIDIARY (AS) & ADVANCED (A) LEVELS

PLEASE TYPE OR PRINT

Candidate's

(FIRST)

(MIDDLE)

(LAST)

Current Address:

Current School:

Place of Birth:

(COUNTRY)

Date of Birth:

(DD)

(MM)

(YY)

Age:

Gender:

(Male)

(Female)

CONTACT DETAILS

Home Tel Number:

Cell Number:

Email:

EXAMINATION DETAILS

SUBJECT	LEVEL	SESSION			PAPER #
		MAY/JUNE		OCT/NOV	
		MAY/JUNE		OCT/NOV	
		MAY/JUNE		OCT/NOV	
		MAY/JUNE		OCT/NOV	
		MAY/JUNE		OCT/NOV	

Candidate Signature

Date Completed

(DD)

(MM)

(YY)

OFFICIAL USE ONLY

Please state if student was registered with CIE

(NO)

(YES)

Date Paid

(DD)

(MM)

(YY)

Emailed Statement of Entry?

(NO)

(YES)

Name of Official:

(PLEASE PRINT NAME)

Date Completed

(DD)

(MM)

(YY)

If no, kindly indicate reason:-