

Proposed Education Collaboration

Thank you for your recent enquiry expressing interest in establishing educational relations for promoting and recruiting students for our various Academic and Professional Institutions.

To allow our Board to make an informed decision on the captioned subject, please complete the following information which will be treated in strict confidence and will not be released outside our office.

Institutional Information

Name of Your Institution _____

Contact Person _____ Position _____

Office Number _____ Mobile _____

Address _____

Name of President _____

Institution Website _____

Year Established _____ E.D. Registration No. _____

Description of Facilities Available (e.g. classroom(s), lecture hall, computer lab., etc.)

Program(s) your Institution would like to launch:-

Academic Program(s) Professional Program(s)

Please specify in details: _____

Which Program (Academic / Professional) do you believe would be of great interest to prospective students? Why?

Please outline the support services you can offer to students who wish to avail themselves of your Institution.

How would you help promote and recruit students for our related Academic and/or Professional Program(s)?

What is the most suitable time of the year to launch the proposed Academic and/or Professional Program(s)?

Proposed Number of Intake Annually

* Once * Twice * Quarterly * half-Yearly * Yearly

* (Please Tick Box)

Name: Dr/Mr./Ms _____

Position: _____ Date : _____