

Building
SMART
Impactful
Professionals

STUDENT REGISTRATION
APPLICATION



04

AREAS OF INTERESTS AND SKILLS

Please tick your main academic/professional discipline or area of study

- IT/Computing Human Resource Business Management Marketing Accounting/ Finance
 Soft Skills Finishing Other (please specify)

Please mention your other areas of interests and skills which you believe will support your application

05

ACADEMIC/PROFESSIONAL QUALIFICATIONS

(Please attach certified copies of certificates and transcripts of grades ONLY IF academic/professional qualifications are pre-requisite for your registration of intended professional qualification)

Date of Commencement of the program	Date of Completion of the program	University/Institution	Qualification	Discipline/Stream	Average/GPA/Class/Grade

06

WORKING EXPERIENCE

(If applicable, please provide most recent first and attach certified copies of working experience letter ONLY IF the same are pre-requisite for your registration of intended professional qualification)

Employer	Designation	From		To	
		Month	Year	Month	Year

07

PLEASE MENTION YOUR FUTURE PLANS FOR PROFESSIONAL/CAREER DEVELOPMENT

(Including but not limited to career interests/ industry you wish to work for/ positions you wish to hold etc.)

08

REMEMBER TO INCLUDE

- 03 passport size colored photographs
- Copy of National Identity Card/Passport
- Certified copies of academic certificates and transcripts (including GCE O/L & GCE A/L)
- Certified copies of professional certificates and transcripts
- Certified copies of working experience (If applicable)
- Evidence of work experience (If applicable)

Please provide a certified English translation of the above documents; if any of these documents are in a language other than English.

Conditions of application

1. If you cause damage to someone or their property in the course of your action then you need to pay the full amount to compensate for the damage. Any reference in these terms to liability of student shall also infer liability on the parents or guardian of the student.
2. Students are expected to be exemplary in behavior to others and initiating disputes within the PACE Institute premises is highly prohibited.
3. Only the Students who have attended classes for over 80% of the lectures / practical's per module are permitted to sit for the final assessments of each course. If you have any mitigating circumstances to forward, they should be forwarded to the program administrative section 07 days before an examination.
4. Possession of or transportation of the following material to the PACE Institute premises will be result in student registration being cancelled.
 - Narcotics or Banned Substances
 - Weapons of any nature which can be used to harm anyone
 - Cigarettes, Consumable Alcohol
 - Pornographic Material

I hereby apply for registration as a student, in so doing; declare that it is my intention to receive lectures, training for career and personality development programs.

In consideration of the Institute granting and continuing such registration, I give the following undertakings:

- (a) To accept the right of the PACE Institute management to reject or accept this application to register as a student of PACE Institute and to accept the PACE Institute management decision
- (b) To be governed, in my relations with the PACE Institute, by the Institute's bylaws, rules, regulations, and rules of professional conduct
- (c) To accept the direction and control of the PACE Institute in all matters relating to studies, practical experience, and discipline
- (d) To make payments in time for the services received from the Institute
- (e) To accept the decision of the PACE Institute to discontinue me as a student for not adhering to Institute's rules and conditions

(f) To devote my time entirely for my studies and career & personality development especially within the PACE Institute

(g) To agree to receive information and communication on the contact details provided by me.

I understand that the information provided herein is essential to the Institute in determining my suitability for registration or re-registration as a student in the Institute and, accordingly, it is provided with the utmost good faith and with the knowledge that it will be so used and relied upon by the Institute. I also understand that any false or misleading statement contained in my application for registration or re-registration may be used by the Institute in any proceeding respecting the validity of my application or of my status as a student in the Institute.

I agree to submit to the Institute all documentation requested and understand that these documents will be used in reviewing my application. I understand that my application is not considered complete until all documentation required by this application has been received by the Institute.

.....
Signature of applicant

.....
DD/MM/YY

.....
Signature of Parent/Guardian
(If applicant under 18 years of age)

.....
DD/MM/YY

INSTITUTE FOR PROFESSIONAL ACADEMIC & COGNITIVE EXCELLENCE

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