

GENERAL ENQUIRY FORM

CONTACT INFORMATION

FIRST NAME		
LAST NAME		
MOBILE PHONE		
EMAIL		
COUNTRY OF CITIZENSHIP		
VISA TYPE		
STUDENT TYPE	<input type="checkbox"/> Domestic	<input type="checkbox"/> International

COURSE INFORMATION

COURSE TYPE	<input type="checkbox"/> GE	<input type="checkbox"/> EAP 1 /2	<input type="checkbox"/> SUMMER SCHOOL	<input type="checkbox"/> OTHER
PREFERRED START DATE				
PREFERRED STUDY LENGTH				

ADDITIONAL NOTES

WHERE DID YOU HEAR ABOUT US	
OTHER NOTES	

OFFICE USE ONLY

RECEIVING STAFF:	DATE:
ACTION:	NOTES:



