Send this completed application form to info@getukvisa.com

If you are from Asia, email the form to study@targeteducation.in

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Student Application Form

Name: _____ ☐ Female ☐ Male
Family Name Given Name(s)

Date of Birth: _____/_____/_____ **Nationality:**_____
Day Month Year

Student Address:

_____
Apt/Street No. Street Name

_____
City State Country Postal Code

Phone No.	**Mobile No.**	**E-mail:**

Emergency Contact:_____
Last Name First Name(s)

Address:

Phone No.: _____ **Mobile No**.: _____ **E-mail**: _____

English Language Proficiency:

	Scores	**Year**
IELTS		
TOFEL		
CAEL		
OTHERS		

Total Years of Education:

Beginning Term: ☐ Fall (September) ☐ Winter (January) ☐ Summer (April)

Choice of Programs:

I declare that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in the withdrawal of an offer of admission, and that this withdrawal may take place at any time during my enrollment.

I authorize Trimax International to obtain information related to my academic record.

Student Signature _____ **Date :**_____
(Parents / Guardian signature if applicant is under 18 years old)