

## Application Form for Admission to Postgraduate Certificate in Archival Studies

Name: (\*Mr./Mrs./Miss/Ms.) \_\_\_\_\_  
 \*Delete as inappropriate

Name in Chinese characters  
 (if appropriate)

**ACADEMIC INSTITUTIONS ATTENDED** (eg. School, College or University)

Institution	Level reached	Period of attendance (From to)	Part-time or Full-time

**ACADEMIC QUALIFICATIONS**

#Degree/Diploma/Certificate held	Class or Level	Main Subject	Date of Award

**WORKING EXPERIENCE** (in chronological order)

Organization	Position	Dates	
		From	to

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Explain why you wish to take the Postgraduate Certificate in Archival Studies, and state what you expect from this course.

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**DECLARATION**

I declare that the information provided by me in this application form is accurate and complete.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*# Certified Photostat copies of relevant Certificates must be attached.*