

**HIGHER EDUCATION RESOURCE SERVICES EAST AFRICA**

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# HERS-EA FOURTH ACADEMY JULY 4th -11th 2020

Passport Photo

2” x2”

# REGISTRATION FORM (Return by April 15, 2020 to: info@hersea.org

Please answer each question clearly and completely.

1. **PERSONAL INFORMATION**

|  |
| --- |
| Surname Name: |
| Other Name (s): |
| Title: |
| Nationality: |
| Country of residence:  Marital status: |
| Address: |
| Telephone Number (Including country code): |
| E-mail Address: |
| Next of Kin: |
| Relationship: |
| Telephone Number (Including country code): |
| E-mail Address: |
| Expected Funder: Self/Employer/Other (Please specify): |

1. **PROFESSIONAL INFORMATION**

|  |
| --- |
| Name of Institution: |
| Position at Institution: |
| Address: |

1. **QUALIFICATIONS**

Please give exact titles of degrees in original language. Do not translate or equate to other degrees.

**Ph. D (If Applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Ph. D Name** | **University** | **Date of Graduation** |
|  |  |  |  |

**Masters**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Master’s Degree Name** | **University** | **Date of Graduation** |
|  |  |  |  |

**Bachelors**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Bachelors’ Degree Name** | **University** | **Date of Graduation** |
|  |  |  |  |

1. List any publications or papers you have written (You can include additional information on Page 4 if needed). **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

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1. **REFEREES**

List the name of the three persons, not related to you who are familiar with your character and academic qualifications.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Profession, Address** | **Phone Number** | **E-mail Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. I, …………………………………………………certify that the statements made by me to answer the foregoing questions are true and complete to the best of my knowledge. I understand that any misrepresentation or material omission made on this form may render my candidature null & void or lead to termination of Participation.

**Date: -------------------------------- Signature------------------------------------**

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**FOR OFFICIAL USE ONLY**

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| --- |
| Reference No: AC/20/…... |
| Date Received: |
| Date of Notification: |