**Cograbig Institute of Arts**

For enquires Contact: +26657810905 /+26666904036

Website: www.cograbig.co.ls

Email: [cograbig@gmail.com](mailto:cograbig@gmail.com)

Khubetsoana Passaging or building opposite Lesotho high school

1. **Personal details**

Full Names: Surname:

Sex: Marital status : Date of birth:

Nationality : v vv v ID/Passport number:

Country : Address: v. Tel no: v vv

Email : Any disability or Medical Problems? Yes. No

If Yes please Describe

Any special diet needs? Please Specify.

Next of kin: v. Next of kin number

1. **Cograbig Institude of Arts Courses :**

**Certificate programs**

Certificate in Fashion design. Certificate in Hairdressing

Certificate in Dressmaking. Certificate in makeup artistry

Certificate in Graphic design. Certificate in nail artistry

Certificate in Theatre and Dramatic arts. Certificate in Cosmetology

Certificate in dance art. Certificate in modeling

Certificate in music.

**Diploma programs**

Diploma in Fashion design Diploma in Graphic design

Diploma in Theatre and Dramatic arts Diploma in Creative Advertising

Diploma in Creative Writing Diploma in Music Performance

1. **Course(s) applied for:**

First choice : v.

Mode of study : full time : v vv v part time: v.

Highest Qualification:

Second choice:

Mode of study : full time : v vv part time:

Highest Qualification :

**Education and experience**

**Schools**

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| --- | --- | --- | --- |
| Name of the school | Dates | | Qualification attained |
|  | From | To |  |
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**University / Tertiary colleges**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the school | Dates | | Qualification attained |
|  | From | To |  |
|  |  |  |  |
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**Related training courses**

|  |  |  |
| --- | --- | --- |
| Name of Course | Institution | Dates |
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**Part 2 TO BE COMPLETED BY THE SPONSOR**

Sponsor’s Details Name of Chief executive

Name of organization

Phone. Fax. Email

I agree to sponsor the aboves applicant for this course if admitted

Sponsor’s signature. Date

Official stamp.

Parent or Guardian [if applicant is a minor or self sponsored]

I agree to sponsor the above applicant for this course if admitted

Name Relationship

Phone Fax. Email

Parent’s signature Date