



# IMPERIAL WISDOM

## GRADUATE CAMPUS

### Student Application





To Be Filled In Block Capital Letters\*\* \_\_\_\_\_

For Office Use Only	
Student Registration No	
Counsellor Name	

**Upload Your Photo**

**Course Applied For** \_\_\_\_\_

## Personal Details

Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Rev	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mis
Surname					
Other Names					
Name as it Should Appear on the Certificate					
Date of birth (DD/MM/YYYY)			Nationality		
Passport Number					
NIC Number					

## Contact Details

Current Address			
Permanent Address			
E-mail Address			Mobile Number
		Land Number	
Parent / Guardian's Name			
Parent / Guardian's Emergency Contact Number			

O/L & A/L

O/L

Medium	
Sinhala	<input type="checkbox"/>
English	<input type="checkbox"/>
Tamil	<input type="checkbox"/>

Syllabus	
Local	<input type="checkbox"/>
Edexcel	<input type="checkbox"/>
Cambridge	<input type="checkbox"/>
Other	<input type="checkbox"/>

### School Attended

A/L

Medium	
Sinhala	<input type="checkbox"/>
English	<input type="checkbox"/>
Tamil	<input type="checkbox"/>

Syllabus	
Local	<input type="checkbox"/>
Edexcel	<input type="checkbox"/>
Cambridge	<input type="checkbox"/>
Other	<input type="checkbox"/>

### School Attended

## Other Qualifications

# Employment

Name of the Employer	Position	Outline of Duties	From (YYYY)	To (YYYY)

## Other Information

How did you hear about us?

- Word of Mouth / Past Students
- Seminars
- News Paper
- Facebook / Instagram
- TV / Radio
- Our Website
- Other

## Applicant's Checklist

All documents must be scanned in clear, PDF format

- Passport Size Photo
- Copy of your ID / Passport
- Proof of your qualifications
- Any other relevant document

## Course Fee Details

Registration Fee	<input type="text"/>	Total Course Fee	<input type="text"/>
------------------	----------------------	------------------	----------------------

<input type="checkbox"/> Discount	<input type="checkbox"/> Scholarship	<input type="text"/>
-----------------------------------	--------------------------------------	----------------------

Revised Course Fee	<input type="text"/>
--------------------	----------------------

<input type="checkbox"/> Full Payment	Initial Payment	<input type="text"/>
<input type="checkbox"/> Monthly Installments		<input type="text"/> Months X <input type="text"/> LKR

Student Signature	<input type="text"/>	Date
-------------------	----------------------	------

Counsellor Signature
----------------------

(DD/MM/YYYY)

# Acknowledgement

I Acknowledge That No Refunds Or Batch Transfers Will Be Permitted Beyond Seven Days From The Course Start Date. By Submitting This Document, I Agree To Adhere To The Institution's Regulations And Confirm That The Information Provided Is Accurate And Truthful To The Best Of My Knowledge. I Understand That Any False Or Misleading Statements May Result In The Rejection Of My Application Or The Revocation Of My Admission, With No Claims Enforceable Against The Institution.

Student Signature

Date

(DD/MM/YYYY)

## Declaration Of Student Upon Registration

I, Mr. ...., Enrolled In The Academic Program Titled ....., Under The Mode Of Study (face-to-face / Distance Learning) ....., And Currently Registered As A Student Of Imperial Wisdom Graduate Campus, Hereby Execute This Declaration And Undertake The Following Binding Commitments, Which Shall Remain Enforceable Throughout My Tenure As A Student At The Institution:

### ACCEPTANCE OF FINANCIAL TERMS AND PROGRAM DURATION

I Expressly Acknowledge And Agree That The Financial Obligations Associated With My Enrollment, Amounting To ....., And The Specified Duration Of My Academic Program, Being ....., Have Been Communicated To Me In Full. I Undertake To Remit All Payments In Accordance With The Prescribed Terms, Without Recourse To Refund Or Adjustment.

### ADHERENCE TO APPLICATION AND REGISTRATION REQUIREMENTS

I Recognize That It Is My Sole Responsibility To Ensure The Completeness And Accuracy Of My Application And To Submit All Requisite Documents Within The Stipulated Timeframe. I Accept That Any Failure To Comply With These Requirements May Result In The Deferral Or Suspension Of My Registration And Corresponding Academic Activities.

### FINALITY OF ACADEMIC EVALUATIONS

I Acknowledge That All Academic Evaluations, Grading, And Related Determinations Are Subject To The Exclusive Jurisdiction Of The Designated Awarding Body. I Agree To Abide By All Such Decisions, Recognizing Their Final And Binding Nature.

### COMPLIANCE WITH INSTITUTIONAL POLICIES AND REGULATIONS

I Covenant To Adhere Strictly To The Code Of Conduct, Policies, And Procedural Rules Promulgated By Imperial Wisdom Graduate Campus. I Understand That Any Contravention Of These Provisions May Subject Me To Disciplinary Action, Which May Include But Is Not Limited To Warnings, Suspension, Expulsion, Or Other Remedies Deemed Appropriate By The Institution.

### RESPONSIBILITY FOR INSTITUTIONAL COMMUNICATION

I Accept Sole Responsibility For Monitoring Official Communications Disseminated Through Institutional Email And The Student Portal. I Undertake To Remain Apprised Of All Academic Schedules, Deadlines, And Administrative Notices, And I Waive Any Right To Claim Non-receipt Or Ignorance Of Such Communications.

### OBLIGATIONS REGARDING ASSESSMENT AND ASSIGNMENT SUBMISSION

I Acknowledge That It Is My Duty To Complete And Submit All Assessments, Assignments, And Academic Deliverables Within The Deadlines Specified By The Institution. I Accept That Any Failure To Comply May Result In Financial Penalties, Including But Not Limited To Deferment Fees, Re-sit Fees, Or Resubmission Charges, Which I Agree To Bear In Full.

## IRREVOCABILITY OF PAYMENTS

I Explicitly Agree That All Payments Made To Imperial Wisdom Graduate Campus Are Final, Non-refundable, And Non-transferable, Regardless Of Circumstances, And I Waive Any Claim To Reimbursement Or Adjustment.

## BINDING NATURE AND LEGAL EFFECT OF DECLARATION

I Affirm That This Declaration Constitutes A Legally Binding Agreement Between Myself And Imperial Wisdom Graduate Campus. I Acknowledge That Any Breach Of The Terms Herein May Result In Administrative Or Legal Proceedings, And I Agree To Indemnify The Institution For Any Costs Incurred As A Result Of My Non-compliance.

### Executed by the Student:

Full Name:

Signature:

Date :  
(DD/MM/YYYY)

## Office Use Only

### Witnessed and Endorsed by the Student Counsellor:

Full Name:

Signature:

Designation:

### Approved By:

Full Name:

Signature:

Date:  
(DD/MM/YYYY)

Comments: