ACC Institute of Human Services

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Email: courses@acc.edu.sg Web: www.acc.edu.sg CPE Reg No: 201002023N



ASSESSMENT FORM FOR NON-DIPLOMA HOLDER

| You can either drop off your application forms in person or mail them to our office at 51 Cuppage Road, #03-01, Singapore 229469. | | | |
|--|----------------------------|-------------|------|
| Section A: Particulars (All fields are mandatory) | | | |
| Name of Applicant (as per NRIC No. / FIN / Passport) | | | |
| NRIC No. / FIN | | | |
| Contact No. | | | |
| Email Address | | | |
| Programme Applied For | | | |
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| Please tell us more about your work or any related experience that might help you in the study and understanding of this course. | | | |
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| Kindly share with us what you would hope to achieve upon completion of this course. | | | |
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| Section B: Terms & Conditions and Declaration | | | |
| <u>Declaration:</u> I declare that I have read the terms and conditions on this form and that, to the best of my knowledge, the information provided by me is true and complete in every particular. I acknowledge that ACC Institute of Human Services may vary or reverse any decision regarding admission or enrolment | | | |
| made on the basis of incorrect or incomplete information provided by me. I accept that ACC reserves the right to select and reject applications for admissions without any reason given. I consent to the use of my information for the processing of my application, for the provision of student and administrative services | | | |
| to me, and for the dissemination of information including, but not limited to, courses that may be of interest to me. I acknowledge that in the event of my enrolment to ACC, I am bound by statutes, rules and regulations of ACC, and in accordance with any laws. I hereby confirm that I understand fully what has | | | |
| been communicated to me and hereby acknowledge that I have been briefed on all of the above. | | | |
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| | | | |
| Signature of Applicant | Name and NRIC of Applicant | | Date |
| Section C: For Official Use | Only | | |
| | | Decignation | |
| Name of Approving Officer Date of Approval | | Designation | |
| Remarks | | Signature | |
| Noniui No | | | |

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