Billbrain Institute of Technology
Skilling for today and tomorrow..

CENTRE FOR PROFESSIONAL SKILLS DEVELOPMENT (CPSD)
SHORT & PROFESSIONAL SKILLS COURSES TRAINING PROGRAM

Application for Admission Form

Instruction

Please fill in and return this form to the office of BIT Coordinator - Centre for Professional Skills Development by email, or physically on the above address.

Applicants Personal Details

I. Surname: …………………………………… Given Name (s): …………………………………

II. Date of Birth: ………………………………… Gender: ………………………………………..

III. Nationality: …………………………………...

Applicants Contact Information

IV. Phone Number: …………………………………. Mobile No.: ………………………………..

V. Email Address: ………………………………………………………………………………..

VI. Postal / Residential Address: ………………………………………………………………..

VII. **Highest Educational Level Attained:**

- ❑ Primary School
- ❑ O'Level
- ❑ A'Level
- ❑ Diploma
- ❑ Certificate
- ❑ Graduate
- ❑ Postgraduate

VIII. **Course you are applying for (A maximum of 3 courses in any one intake is acceptable):**

Course Option 1:	Course Option 2:	Course Option 3:
………………………	………………………	………………………
❑ Beginner Level	❑ Beginner Level	❑ Beginner Level
❑ Intermediate Level	❑ Intermediate Level	❑ Intermediate Level
❑ Advanced Level	❑ Advanced Level	❑ Advanced Level

IX. **Preferred month of Intake** (i.e. January, February, March, etc..): …………………………………………
(Please not our short course Intakes are monthly)

X. **Please indicate your ideal time of study:** (please note your assigned time might vary depending on enrollments of students, and tutor time schedules availability on particular programmes)

- ❑ 9:00am- 12:00pm (Morning)
- ❑ 2:00pm- 5.00pm (Afternoon)
- ❑ 5:00pm- 9.00pm & or Weekend

XI. **How did you come to know about the BIT CPSD Program?**

- ❑ Through a Friend
- ❑ Online
- ❑ News Paper
- ❑ Email
- ❑ Social Media
- ❑ Website
- ❑ Other

XII. **Preferred Mode of Study** (i.e. Online, Physical class, Blended (Both)): …………………………………….

Confirmation of Information Validity & Consent:

*By signing below, I hereby certify that the information provided on this application form is accurate and complete, that I do consent to its use by Billbrain Institute of Technology for creation and management of my academic profile, and that I have read and consent to policies of the Institute for Professional Skills Development programs at: **https://cpsd.bit.ac.ug/policies.html***

Date of Application: ………………………………… **Signature of Applicant: ………………………**

COURSE APPLICATION FEES & TUITION PAYMENT OPTIONS

Please note:

1. Payment of a UGX 30,000/= non-refundable application fee is required for processing of your application for admission onto our programmes

2. You are required to have paid at least 50% of your course fees in order to start attending classes

Bank Account Details: *(for direct bank deposit, EFT, or cheque payment)*

Bank: Equity Bank Uganda,
Name: Billbrain Institute of Technology,
A/C Name: 1036201754391
Branch: Oasis Mall
SWIFT Code: EQBLUGKAXXX

Mobile Money Option:

With the inclusion of withdrawal charges, make payment through;

MTN Mobile Money:
Send to: +256-771-215234 (**OR** *DAIL *165*3# > MERCHANT CODE (320630) > Enter Amount > PIN*)

Airtel Money:
Send to: +256-751-270485 (O**R** *DAIL *185*4*9#, Enter Business Number (1240208) > Enter Amount > Amount > Enter Reference (Your name) > PIN*)

Online Option:

Visit*: https://bit.ly/36a9o07*   *OR* **SCAN** below QR Code to online;

Please visit the BIT CPSD website at: https://cpsd.bit.ac.ug/ to find more information about our programmes and any other updates.

Thank you for choosing Billbrain Institute of Technology. We are proud to serve you!