

APPLICATION FORM



CIM

Student No :

PERSONAL DETAILS

First Name(s) Surname

Nationality Date of Birth

Gender Male Female NIC / Passport No.

Address Country

Telephone Home Office Mobile

E-mail CIM Membership No.

EMPLOYMENTS DETAILS

Name of Employer (company) Designation

COURSE DETAILS

Please indicate which module/s you wish to follow in the CIM Professional Series (*- Mandatory Modules)

Certificate in Professional Marketing (Stage 1)

Applied Marketing*

Planning Campaigns*

Customer Insight

Digital Marketing Techniques

Diploma in Professional Marketing (Stage 2)

Marketing & Digital Strategy*

Innovation in Marketing*

Digital Customer Experience

Resource Management

Digital Optimisation

Professional Post Graduate

Diploma in Marketing (Stage 3)

Corporate Digital Communications

Creating Entrepreneurial change

Global Marketing Decisions

AM + PC + CI = Certificate In Professional Marketing

MDS + DCE + DO = Dip. In Professional Digital Marketing

AM + PC + DMT = Certificate In Professional Digital Marketing

MDS + IM + DCE or RM = Dip. In Professional Marketing

QUALIFICATIONS

Please give details of qualifications, courses attended and exemptions that support this application. Attach copies of examination results and references.

AGREEMENT

I understand & agree to the conditions of enrolment & I confirm that the details provided are correct.

Signature Date

FOR OFFICE USE ONLY

Student NoCorse FeesDiscount.....

Total Receipt No Bank / Cheque No.....