



INNOVATIVE KNOWLEDGE INSTITUTE

Student Registration

Print your answers on this form in
CAPITAL letters using BLACK ink.

Your full name (as you would wish it to be printed on any certificate or diploma issued to you)

Your IKI student number (if you have one)

Your date of birth (dd/mm/yyyy)

Are you attending Centre for tuition? (tick one)

Yes

No

Name of your Centre

Town

Country

Your name and contact details for all correspondence

Mr **Miss** **Mrs** **Ms** **Other - please specify**

Given name

Surname / Family name

Your postal address

Your email address :

Please enter your usual signature in the box below.

Use clear tape where
shown to attach your
passport size
photograph here.

DO NOT STAPLE
Print your name on the
back of your photo.

MTCN Number (if paying by Western Union)

Total fees enclosed € 100

Innovative Knowledge Institute 101, Avenue des Champs-Élysées 75008, Paris. Email: Info@ikinstitute.org.

Association N° W751218395 Etablissement Prive d'enseignement Supérieur N° E13-09- Siret 80041695000015



Academic History

ENTRY REQUIREMENTS: The minimum age for IKI Student Registration is 18.

The Institute operates an 'Open Entry' policy for those undertaking a Certificate Level programme or Single Subject Diploma.

In order to register for any IKI programme you must meet the Entry Requirements for the programme you wish to study. You must also complete this form and return it to the Institute when you forward your Student Membership application form with the fees requested.

Please complete this form and return it to the Institute together with your Student Registration Form, Exam Entry Form and certified copies of the Awards/Qualifications you hold.

Surname / Family Name:

Christian / Given Name:

IKI Student Number (If you are a current or former Student Member):

Title of the PROGRAMME you wish to study (Please complete as appropriate)

- Certificate in
- Diploma in
- Advanced Diploma in
- Graduate Diploma in
- Post Graduate Diploma in
- Other (Please Specify)

My Email Address is:

Date of Birth (Day / Month / Year) :

Qualifications Currently Held (Please provide details/names of Awarding Body/Institution)

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Name of School / College / University

Year of Study

Qualification Type & Subject Area
(e.g. GCSE, A-Level, Diploma, Degree etc.)



Please continue onto a separate page if necessary.

I hereby certify all the above information is true

Please tell us about yourself and your motivation:

