

## Application Form

### Postgraduate Certificate in Archival Studies

#### LB009 / IT 18-803-00 (71)

Name: (\*Mr./Mrs./Miss/Ms.) \_\_\_\_\_  
\*Delete as inappropriate

Name in Chinese  
(if appropriate)

**ACADEMIC BACKGROUND** (eg. School, College or University)

Institution	Level reached	Period of attendance (From to)	Part-time or Full-time

**ACADEMIC QUALIFICATIONS**

#Degree/Diploma/Certificate held	Class or Level	Main Subject	Date of Award

**WORKING EXPERIENCE** (in chronological order)

Organization	Position	Dates	
		From	to

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Please indicate your choice of applying for Postgraduate Certificate in Archival Studies and expectations of this course.

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**DECLARATION**

I declare that the information provided by me in this application form is accurate and complete.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*# Certified Photostat copies of relevant Certificates must be attached.*