



# **TUPOU TERTIARY INSTITUTE (TTI)**

**FASI & POUONO CAMPUS** 

## **Application for an Offer of Place Form**

All application forms should reach the TTI registration office NO LATER THAN FRIDAY 17th Jan 2025

TTI is a Christian Higher Education Institution of the Free Wesleyan Church of Tonga

TTI Main Campus Lavinia Rd, Fasi -moe -Afi Nuku'alofa Telephone: (676) 28-890 or 28-889

Email: office@tti.to Web Site: www.tti.to TTI Pouono Campus Laifone Rd, Waterloo, Kameli Neiafu, Vava'u Telephone: (676) 70-995

## PLEASE READ THE INSTRUCTIONS BELOW CAREFULLY BEFORE YOU COMPLETE

### THIS APPLICATION FORM **INSTRUCTIONS**

The purpose of this application form is to obtain the information we need to offer you a place at TTI. This form also specifies the legal conditions of your enrollment with TTI.

#### The applicant (prospective students) must complete the application form by

- **COMPLETING** Sections, **A G** of this form by printing answers clearly or tick the appropriate box.
- **SIGNING** the form and attaching all additional documentation that is required.

Α	PERSONAL DETAILS - PRINT your full legal name (as per Birth Certificate)		
1	Family Name:	2	First Name(s):
3	Preferred First name:	4	Gender (please tick) Male Female
5	Preferred title: Ms Miss Mrs. Mrs. Mr.	o	ther (specify) :
6	Date of Birth day month year	7	Guardian's name:
8	Applicant's Home Address:	9	Guardian (s) address (if different from home address)
Phone: Mobile:		Pho	ne: Mobile:
Facebook: Email:		Fac	ebook: Email :
В	ACADEMIC INFROMATION		
1	Secondary / High School		
	Name of Last secondary / High School		
	What Year was your final year at secondary school?		
	Level (F5, 6 or 7) and exam passed (TSC, TFSC, or TNFSC) (Please enclose original academic results and a copy for F5 & F6 &F7)		

2	Tertiary Study				
	Have you ever enrolled in any tertiary education institution?	Yes No No			
	Name of University /Institute / College	Country			
	How many years you attended tertiary education?	Years			
	Name of qualification gained:	(Please enclose certified academic results)			
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	07				
С	DOCUMENTATION				
	You must provide ORIGINAL AND A COPY of the following	Attached (please tick)			
	Birth Certificate ONLY				
	Academic Certificates and Transcripts				
	·	ou attended <b>or</b> current employer if you're working			
	Reference letter from Principal of the last school/institute y	ou attended <b>or</b> current employer if you're working			
	Two recent passport photos (Original Only)	$\mathcal{O}$			
	Police Record (Aged Care Programme Only)	$\cup$			
	(Forms will NOT be accepted if the above are not completed	d)			
D P	PROGRAMME OF STUDY				
	Please tick the program you are applying for:				
	TTI FASI CAMPUS ONLY	Diploma in Information System Level 5			
	Certificate in Business Level 4	Advanced Diploma in Information System Level 6			
	Certificate in Information Technology Level 4	Diploma in Business Level 5			
	Certificate in Music and Performing Arts Level 4 Certificate in Teaching Studies Level 4	Advanced Diploma in Business Level 6  Diploma in Architectural Technology Level 5			
	Certificate in Architectural Technology Level 4	Diploma in Teaching studies Level 5			
	Certificate in Social Practice and Counselling Level 4	Diploma in Health and Sport Science Level 5			
	Certificate in Youth Development Level 4	Bachelor in Education Level 7			
	Certificate in Aged Community Care Level 2	Bachelor in Applied Business Studies Level 7			
	Certificate in Aged Community Care Level 3	Bachelor in Information Technology Level 7			
	Certificate in Sports and Health Science Level 4	Graduate Diploma in Christian Education Level 7			
	Certificate in Information Technology Level 5				
	TTI POUONO CAMPUS ONLY				
	Certificate in Automotive Engineering Level 2	Certificate in Hospitality (Introductory to Cookery) Level 2			
	Certificate in Automotive Engineering Level 4	Certificate in Electrical & Electronics Technology Level 3			
	Certificate in Carpentry Level 3 Certificate in Marine Multi-Skills Level 3	Certificate in Information Technology Level 4			
F (	CONDITION OF ACCEPTANCE				
		telephone by <b>31</b> st <b>January 2025</b> and your place will be confirmed by			
		of <b>Feb 2025.</b> Late enrollment will be on the <b>10-14</b> <sup>th</sup> of <b>Feb 2025</b> with			
	a late registration fee of \$50. All students are required to attend <i>Enrollment</i> and all new students <b>MUST</b> attend the <i>Orientation Day</i> on 3 <sup>rd</sup>				
	Feb 2024 at 9am.	•			
F	STUDENTS DISCLOSURE INFORMATION				
	Payment, Withdrawal, Refund Policy and Character Building Programme				
(a) Application procedure					
	<ul> <li>Applicants need to complete all sections of the TTI Application Form, attach all relevant information and forward to the TTI Registration office, Lavinia Rd, Fasi moe Afi, Nuku'alofa or TTI Pouono Campus, Laifone Rd, Waterloo, Kameli,</li> </ul>				
	Neiafu, Vava'u respectively.				
	(b) Withdrawal and Refund Procedures  (i) For all the programs 75% of the fees paid or expected to pay towards will be refunded if the student withdraws prior to or				

- (i) For all the programs 75% of the fees paid or expected to pay towards will be refunded if the student withdraws prior to or Within two (2) weeks of the programme commencement. Withdrawals after four (4) weeks of classes commence should be liable to pay all TTI fees.
- (ii) Any application for withdrawal with refund MUST fill and submit the appropriate withdrawal form (from the administration office) and must state reasons in full. Written confirmation from sponsors/guardians/parents is required.

### (c) Character Building Programme

Applicants MUST enroll in the Character Building Programme which is mandatory for all TTI students.

### G. DECLARATION BY APPLICANT

- (a) I Declare that the information supplied in this application and the attached document is correct and complete.
- (b) I have read and accept the Enrollment, Payment, withdrawal and Refund Policy above.
- (c) I understand it is my responsibility to follow all regulations and policies of TTI.

  I give permission for TTI to contact my sponsors/guardians/parents if the need arises.

Signature and name of applicant student.					
Signature: Print Name	Date				
If not sign by prospective student, please sign and give name, and relationship to applicant					
Signature Print Name	Relationship to Applicant:				
Date					
TTI Registration Services ONLY: Approval of Program (s)					
Approved Declined	Date of Approval				
Comments/Conditions:					
Sign by Program Manager	Sign by Dean Academic				
Date:	Date:				
Additional Information					
1.Blood Type:					
2.Medical Condition/Health Issues:					
3. Why have you chosen to apply to TTI?					
4. Why should we offer you a place at TTI for 2025?					