



## 2025 Advanced Standing Application Form

IBSUniversity Degree Programmes

### Personal Information

Title	Family Name	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Male or Female:	<input type="text"/>	Date of Birth (D/M/Y): <input type="text"/>
Email:	<input type="text"/>	Tel No. 1: <input type="text"/> Tel No. 2: <input type="text"/>
New Student:	<input type="checkbox"/>	Continuing Student: <input type="checkbox"/>

### IBSU Course Details

IBSU Course Name:	<input type="text"/>		
New Student:	<input type="checkbox"/>	Continuing Student:	<input type="checkbox"/>
If continuing student, the year of study:	<input type="text"/>	Student Number:	<input type="text"/>

### Prior Learning Courses:- Educational Qualification

#	Name of the Institute	Country	Course Name	Duration (Month/ Years)	Full time or Part time	Completed Date	Annexure Numbers
1							
2							
3							
4							
5							

An application for advanced standing will NOT be considered unless certified copies of your Certificate, Academic Transcript and course content/syllabus are provided.

### Professional Work Experience

#	Organization Name	Designation	Duration (Month/ Years)	Annexure Numbers
1				
2				
3				
4				

Professional Work Experience will NOT be considered for Advanced Standing unless certified copies of your Experience Letters and detailed job description are provided by the employer.

### Declaration

I declare the information submitted by me are correct and complete and understand that IBSUniversity reserves the right to vary or reverse any decision made on the incorrect or incomplete information.

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

