

Virtual Institute of Pharmacy
Admissions Form

Rev. 102004-HENDRIKS INSTITUTE

STUDENT DETAILS * = Required

Full Name *	Other Names
Date of Birth *	Place of Birth *
Country of Birth *	Male/Female *
Address for correspondence *	
Residential Address *	
Email Address *	Admission to Form
Name of last school attended	Class completed
Address and phone no. of last school	
DETAILS OF PARENT/GUARDIAN (responsible for fee payment) IF APPLICABLE	
Name	Nationality
Name of employer and address	
Position Held/Occupation	
Telephone (Residence)	Telephone
Emergency contact: Name and Phone	
BELOW THIS LINE FOR OFFICE USE ONLY	
REGISTRATION FEE PAID:	RECEIPT NO: DATE:
LAST SCHOOL REPORT SUBMITTED	
TRANSFER LETTER SUBMITTED	
DEPUTY PRINCIPAL'S COMMENT	PRINCIPAL'S APPROVAL