



HIGH FLIERS UNIVERSITY OF AMERICA

APPLICATION FORM

Full Name: _____

Date of Birth: _____ Country: _____

State of Origin: _____ LGA: _____

TEL. NO: _____ Email: _____

Marital Status: _____ Program: _____

Department: _____

Academic Session: _____

Qualification: _____

Professional Body Membership: _____

Working Experience: _____

I _____ declare in bona-fide that the information provided above is true and correct. If for any reason I gain admission with misleading or false information, such admission will be terminated and any money paid to the University will not be refunded.

Signature

Date

Website: www.hfua.edu.cw

Email: info@hfua.edu.cw