



MI COLLEGE

Niyanandhurumaage' 7th Floor, Alimas magu
Male' Republic of Maldives.
Contact: 3341535, 3341545

STUDENT REFERRAL FORM

Student Details (Referred By)

Full Name	<input type="text"/>		
Student Card No.	<input type="text"/>	NID	<input type="text"/>
Contact Phone No.	<input type="text"/>	Mobile	<input type="text"/>
Course Name	<input type="text"/>		
Faculty	<input type="text"/>		
Center/ Campus Name	<input type="text"/>		

New Student Details (Who is Referred)

Full Name	<input type="text"/>		
Student Card No.	<input type="text"/>	NID	<input type="text"/>
Contact Phone No.	<input type="text"/>	Intake	<input type="text"/>
Course Name	<input type="text"/>		
Faculty	<input type="text"/>		
Center/ Campus Name	<input type="text"/>		

Declaration (Student)

1. I declare that all the information given in this form is accurate and true to the best of my knowledge

Date

Student Signature

Verification & Approval (For Official Use Only)

Admission Fee

Course Fee (1st Instalment)

Verified by Admin Dept. Name Signature

Verified by Marketing Dept. Name Signature

Approved by Finance Dept. Name Signature

Approved Not Approved

Stamp