



**International Institute Of Rural Reconstruction
Africa Regional Center**

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COURSE APPLICATION FORM

Course Title: _____

Course Date: _____

Name of applicant: _____ Gender _____

Position: _____

Organization: _____

Nationality: _____

Address: _____

Tel: _____ Mobile _____

Fax: _____

E-mail: [official] _____

[Personal] _____

Highest Education Attained: _____

Participant's expectations of the course: _____

Signature of applicant: _____ Date: _____

TO BE COMPLETED BY THE SPONSORS

Sponsoring Agency: _____

Nominating person: _____

Address: _____

Tel: _____ Fax: _____ E-mail: _____

Organization's expectation of the course: _____

Signature of nominating person: _____ Date: _____

METHOD OF PAYMENT

Cheque

Bank transfer

Note: To be registered, applicants should pay the full course fee. This amount is refundable but is subject to cancellation fee if one does not attend the course.