



# WORLD ASSOCIATION FOR DISTANCE EDUCATION

## Distance Training Courses Programs of Learning Disabilities Admission Application

**CHOOSE THE TRAINING PROGRAM:**



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### **PERSONAL INFORMATION**

FULL NAME:

NATIONALITY:

MARITAL STATUS:

Married

Single

GENDER

Male

Female

STREET ADDRESS:

CITY, STATE:

COUNTRY:

DATE OF BIRTH:

EMAIL ADDRESS:

PHONE NUMBER:

**EDUCATIONAL QUALIFICATION(S)**

DEGREE / DIPLOMA / CERTIFICATES:

FIELDS OF STUDY:

NAME OF COLLEGE:

ADDRESS:

GRADUATED:

G.P.A.:

**PROFESSIONAL QUALIFICATION(S), IF ANY:**

NAME OF INSTITUTE

INSTITUTE ADDRESS:

GRADUATED:

Year.:

**DETAILS OF EMPLOYMENT/ PROFESSION (CURRENT & PREVIOUS) EMPLOYEE ONLY:**

Company Name:

Department:

Position Title:

Period of Work:

Description of Work:

Thank you for returning this form to  
[secretary@wadedu.org](mailto:secretary@wadedu.org)