



COUNCIL OF LEGAL EDUCATION

CLE/PL/002-APPLICATION FOR FORMAL CERTIFICATE/ POST GRADUATE CERTIFICATE OF EXPERIENTIAL LEARNING.

Part A: Applicants details

Name.....

Date of birth.....

Postal address.....

Mobile no.....

Email.....

Part B: previous studies

Name of previous institution/s.....

Previous courses.....

Course	Year enrolled	completed	incomplete

Attach the following documents to this application

- ID
- Certified copies of Professional and academic certificate
- Course syllabus
- Recommendation from current employer
- Contacts of three referees

Declaration

I declare that to the best of my knowledge, the information I have supplied is complete and correct. I authorize CLE to conduct a search and retrieval of my academic and professional records from my previous institutions to verify the information contained in my application.

Applicants signature.....

Date.....

Received by (Name).....

Date.....