



Chartered Institute of Labor & Human Resources Managers

Website: [Www. Laborinstituteonline.org](http://www.Laborinstituteonline.org). Email: info@laborinstituteonline.org

Tel: Fax: 1(844)235-2295. United States of America

APPLICATION FORM

PERSONAL DETAIL			
SURNAME:		FIRST NAMES	
MAIDEN NAME		TITLE (MR., MRS., MS, MISS, ETC):	
		MR	
DATE OF BIRTH:		SEX	NATIONALITY
		MALE	
COUNTRY OF BIRTH		RESIDENCE:	
ADDRESSES			
Permanent home address:		ADDRESS FOR CORRESPONDENCE	
PROGRAM OF STUDY		MAJORS	
UNIVERSITY OF COSTA RICA ACADEMIC JOINT PROGRAMS (Tick course & Degree Type) <input type="checkbox"/> BA <input type="checkbox"/> BED <input type="checkbox"/> BSC <input type="checkbox"/> MA <input type="checkbox"/> MED <input type="checkbox"/> MPA <input type="checkbox"/> MBA <input type="checkbox"/> DBA <input checked="" type="checkbox"/> PHD <input type="checkbox"/> OTHER _____ Human Resources Management Labor & Industrial Relations International Management Business Administration Finance & Account Accounting & Forensic Audit		PROFESSIONAL PROGRAMS: (Tick your choice) Chartered Human Resources Manager Certified HR Consultant Chartered Industrial Relations Manager Chartered Labor & Employee Relations Manager Master Certificate in American Industrial Relations Master Certificate in Labor and Employment Law Master Certificate in Negotiation & Collective Bargaining Master Certificate in Labor Economics Master Certificate in Performance Management	

Public Administration Education Finance History & International Relations Political Science & Public Policy	Postgraduate Diploma Human Resources Management Postgraduate Diploma Industrial Relations Postgraduate Human Resources Development Postgraduate International Labor Law Postgraduate Labor Management		
APPLICANTS FOR RESEARCH			
PROPOSED START DATE: <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input checked="" type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC			
METHOD OF STUDY	OFFICE USE ONLY		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input checked="" type="checkbox"/> DISTANCE LEARNING	<u>TICK YOUR PREFERED PROGRAMS</u> US PROGRAMMES <input type="checkbox"/> YES		
QUALIFICATION			
INSTITUTION ATTENDED	DURATION OF PROGRAM	GRADES OBTAINED	MAIN SUBJECTS
PLEASE ATTACH COPIES OF CERTIFICATES AND TRANSCRIPT			

CHECK LIST
<input checked="" type="checkbox"/> SIGNED COPY OF APPLICATION FORM <input checked="" type="checkbox"/> COPY OF PASSPORT PHOTO <input checked="" type="checkbox"/> COMPREHENSIVE CV/RESUME

SIGNATURE: _____ DATE: _____

