Talitha Kumi Community College

Tel: 02-2741247, Fax: 02-2741847 P.O.Box 7 / **Beit Jala** - Palestine E-mail: talitha@p-ol.com Web Site: www.talithakumi.ps



كلية مجتمع طاليثا قومي

تلفون: 2741247- 02، فاكس: 2741847- 02

ص. ب. 7 / بيت جالا – فلسطين

Application of Admission

Registration number

Subject 1. Diploma Food and Beverage Management

- 2. Diploma Hotel and Restaurant Management
- 3. Diploma Rooms Division Management
- 4. Diploma Technical Accounting

1.	Family Name						
2.	Surname						
3.	Father's Name 3b. Mother's Name						
4.	Grandfather's Name						
5.							
6.							
7.	Place of Birth						
8.							
9.							
10.	Telephone						
11.	Mobile						
12.	Family status						
13.	Name and ID No of Spous	e					
14.	Schools attended						
	from to	Name of School	Location				
15.	Tawjihi Certificate						
	Year	Stream	Average				
16.	Higher Education						
	from to	Name of Institution	Location	Degree			
17.	Courses attended						
	from to	Name of Institution	Course Desc	ription			

	Languages					
	a. Arabic	[] excellent	[] very good	[] good	[] satisfactory	
	b. English	[] excellent	[] very good	[] good	[] satisfactory	
	c. German	[] excellent	[] very good	[] good	[] satisfactory	
	d. French	[] excellent	[] very good	[] good	[] satisfactory	
	e	[] excellent	[] very good	[] good	[] satisfactory	
19				-		
20						
21	Why do you	choose the hotel	industry?			
	,,					
22	Remarks					
22						

Herewith I would like to apply to study in Talitha Kumi Community College for the academic year 20.../20... . I declare that I will abide the rules and regulations of the Ministry of Education & Higher Education and Talitha Kumi College and the instructions of the staff.

<u>Beit Jala,</u> Date of Signature

Signature of the Applicant

Remarks of the acceptance committee

Decision of the Dean

Date _____

Signature _____