



# THEOPHANY UNIVERSITY

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## HONORIS CAUSA DOCTORAL DEGREES Ph.D. / D. LITT / D.SC / LL. D APPLICATION FORM

### PERSONAL DATA

Name (in block letters)				Affix Recent Colour Photograph
Date of Birth (DD/MM/YYYY)		Sex	M <input type="checkbox"/> F <input type="checkbox"/>	
Nationality	State of Domicile			
Mother Tongue				
Permanent Address				
Residential Address				
Contact Details	Mobile Number	Telephone Number		
Email Id				

### Academic Record (Bachelor Degree onwards)

Exam in ation Passed	Specialization	Institution / University	Year of Passing	Marks / Grade / Percentage

### Proposed Research Data

Title of Proposed Thesis			
Select Area in which candidate wants to do research:			