

Please fill in the form carefully with a black ink or pen and attach copy of passport or identification

Last Name			Firs	First Name & Middle Name					
Tittle	Date of Birth			Please tick	Male		Female		
Date of Birth	Year			Month		Date			
Passport or Identification Number				Date of Expiration					
Marital Status Please tick	Married	Single		Divorced		Separated		Widowed	
Date of Application				Degree Level					
Are you applying for the Harmony Doctorate? if Yes. Why									
Contact Address									
City   Township				Statel Province					
Country				Postal   zip Code					
Nationality				Country of Permanent Residence					
Phone Number with Area Code				Contact E-mail					
Signature of	Applicant								
Submit Form to: dryvonne44@gmail.com with a copy to impactafricanet@yahoo.com									

For oral interview Please call: 1-800-471-9708