**Registration Form Online**

### **Personal Information**

Please fill out the following details accurately to complete your online registration.

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_\_\_
* **Gender:** ☐ Male ☐ Female ☐ Prefer not to say
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Address Details**

* **Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **State/Province:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Postal/Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Registration Details**

Please refer to the table below for the course selection and preferences.

| **Course Name** | **Course Code** | **Preferred Start Date** | **Full-time/Part-time** |
| --- | --- | --- | --- |
| Example Course 1 | 101 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ Full-time ☐ Part-time |
| Example Course 2 | 102 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ Full-time ☐ Part-time |
| Example Course 3 | 103 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ Full-time ☐ Part-time |
| Example Course 4 | 104 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ Full-time ☐ Part-time |
| Example Course 5 | 105 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ Full-time ☐ Part-time |
| Example Course 6 | 106 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ Full-time ☐ Part-time |
| Example Course 7 | 107 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ Full-time ☐ Part-time |
| Example Course 8 | 108 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ Full-time ☐ Part-time |

### **Emergency Contact Information**

* Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Consent and Declaration**

* ☐ I hereby confirm that the information provided is true and correct to the best of my knowledge and belief. I understand that any false information may result in the rejection of this application.

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_\_