



Student Course Registration Form

Student Details

- Full Name: _____
- Birth Date: _____
- Contact Email: _____
- Telephone: _____

Enrollment Information

- Course Name(s) & Code(s):

Course Name	Course Code	Start Date	End Date

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Preferred Learning Mode: Online In-person Hybrid

Academic Records

- Most Recent School/College: _____
- Qualification: _____
- Graduation Date: _____

Fees & Payments

- Fee Structure: _____
- Payment Mode: Credit/Debit Card Bank Draft E-Wallet
- Total Fees Paid: _____

Declaration and Signature

I declare that the information provided in this form is accurate and complete to the best of my knowledge.

- Signature: _____
- Date: _____