



REGISTRATION FORM
CURRICULUM INTEGRATED PROGRAM

Document No. : FM-CE-02-03

Effective Date: May 10, 2018

Name/Company :

Address:

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Student No.

Res/Ofc Phone No:

Mobile Phone No:

Email Address:

For CCESC use only

CTRL No:_____

Course Title: _____

Course Fee: _____

Date:_____

☐ With VAT ☐ Non-VAT

Validation (Cashier's use only)

NOTICE and CONSENT

“All information shall be used by the University for legitimate purposes specifically for registration and shall be processed by authorized personnel in accordance with the Data Privacy Policies of the University”.

“I hereby allow/authorize CCESC to use, collect and process the information for legitimate purposes specifically for registration, and allow authorized personnel to process the information”.

Signature over Printed Name

NOTE: Kindly return to CCESC after payment at the Treasury office.