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: ___ / ___ / _____