



Registration Form

Term 2 (APRIL 24TH – JULY 23RD) **2010**

COURSE TITLE: _____

DAYS: _____ & _____ **TIME:** _____ to _____

COURSE CODE: _____

NAME: (Mr / Mrs / Ms) (BLOCK CAPITALS)	(First Name)	(Middle Initial)	(Last Name)
MAIDEN NAME:			

NATIONALITY: _____

NRN:

						-				
--	--	--	--	--	--	---	--	--	--	--

DATE OF BIRTH: Y _____ M _____ D _____

HOME ADDRESS: _____

TELEPHONE #: _____ **MOBILE #:** _____

EMAIL ADDRESS: _____

NUMBERS 1 TO 3 MUST BE COMPLETED IF THIS IS YOUR FIRST COURSE AT BIMAP

EDUCATIONAL BACKGROUND

(Schools, Colleges, etc.)

- 1 SECONDARY:** →
- 2 TERTIARY:** →
- 3 CERTIFICATES/DIPLOMAS:** →

