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OFFICE OF THE ACADEMIC REGISTRAR

SHORT COURSES UNIT

PERSONAL DETAILS OF APPLICANT

COURSE TO ATTEND	
SURNAME	**FULL NAMES**
CONTACT DETAILS	**WORKING, STUDENT OR OTHER**
Mobile: **E-mail:**	

COURSE INFORMATION

SHORT COURSE NAME	Fees Paid (YES/NO)	STATUS (*Confirmed attendance/ Did not confirm)*

NOTE: it is the student's responsibility to ensure that details are correctly indicated. Names must correctly spelt. AS THEY WILL APPEAR ON THE CERTIFICATE TO BE AWARDED.

Student Signature:_____ **Date:** _____

DETAILS OF FEES PAID (*Accounts/Bursar's Office Use Only*)

Fee Payable Full fees to be paid upfront.	Date of Payment	Receipt No	Amount Paid	Outstanding Balance as of this date	Remarks *(Not to be filled by student)*
Short course Application Fee					
Others (Specify)					

BURSAR'S OFFICE USE ONLY (to confirm payment)

Names: _____ **Signature:** _____ **Date:** _____

MANAGER'S OFFICE USE ONLY to verify participant's eligibility for Short Course

Processed by: _____ **Signature:** _____ **Date:** _____

Note: Manager to file the forms; and to give a copy to the Bursar's and Academic registrar's offices.