



REGISTRATION FORM  
CONTINUING PROFESSIONAL EDUCATION

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Name/Company : .....

Address: .....

.....

Student No. .... TIN 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.**