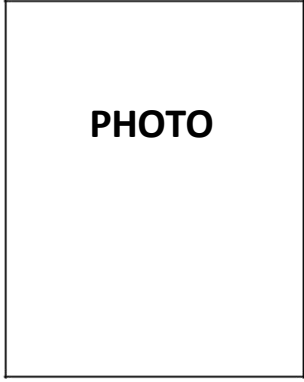




REGISTRATION FORM



ACADEMIC YEAR 20 .. / 20 ..

Program (specialty) requested

Degree sought

Current level of study

Schooling Mode : (Check one) Day Time or Night Time

1. CANDIDATE IDENTIFICATION

Last Name:

First Name:

Gender: Date of Birth: / / Place of Birth:

Nationality:

Function or Current Situation:

Employer :

Service Division:

Activity Area: Public Private Parapublic liberal Profession

Governing Authority for the public or Para public sector:

Permanent Address :

Mobile Phone : Office :

E-mail :

Emergency Contact

Last & First names: Relationship type :

Tel : Street : Apt:

2. EDUCATION

University or School attended	Period	Diploma (*)	Orientation Year

(*) Attach a certified copy of the highest diploma(s) to this file.

Highest diploma:

Specialty:

Number of years required to obtain this diploma:

3. PROFESSIONAL EXPERIENCE

Institutions (*)	Période	Activity Field	Position(s) held (**)

How many years have you been working?

Describe your current activity in a few lines:

.....

.....

4. SKILLS

		LEVEL OF LANGUAGE KNOWLEDGE AND COMPUTER (Answer S = School, M = Medium, C = Current, B = GOOD)		
LANGUAGES PRACTICED	Read	Written	Spoken	
French				
English				
COMPUTER	Low level	Medium	Good	
Windows, Word, Internet				
Other (s) to be specified)				

5. SCHOOL / ACADEMIC TUITION PAYMENT TERMS :

- Payment terms:
- Quarterly**
 - Monthly**
 - School Terms**
 - Other (specify)**

Conditions of registration and commitment of the candidate

I understand that any registration is final and agree to have, thereby, given my formal approval. Any payment made to the institute for the current academic year remains due and not refundable regardless of the conditions.

6. COMMITMENT

I, the undersigned, _____ pledge to follow the training until its completion (once it has begun), otherwise I will reimburse all the fees due for the current year.

Date : ____/____/20.....

TechnoLAB ISTA Directorate

Signature of candidate or guardian

Preceded by "read and approved"