



**Africa University Information Technology Training Center
REGISTRATION FORM**

NAME(S): _____ **SURNAME:** _____

NATIONAL ID#: _____ **GENDER:** _____

HOME ADDRESS: _____ **HIGHEST LEVEL OF EDUCATION**

PHONE _____

BUSINESS ADDRESS: _____

FROM WHERE DID YOU HEAR ABOUT THE COURSES AT AFRICA UNIVERSITY?

_____ Newspaper
_____ Friend
_____ Other (Specify) _____

BUSINESS PHONE: _____ **E-MAIL:** _____

WHICH COURSE ARE YOU REGISTERING FOR? _____

DATES TRAINING REQUIRED _____

IF REGISTERING FOR ICDL, PLEASE ANSWER THE FOLLOWING. (TICK THE APPLICABLE)

TRAINING ONLY _____

TRAINING & EXAMS _____

DAY SESSION _____

WEEKEND SESSION _____

EVENING SESSION _____

IF REGISTERING FOR ICDL, PLEASE TICK AGAINST THE MODULES THAT YOU WISH TO TAKE.

MODULE 1 _____

MODULE 2 _____

MODULE 3 _____

MODULE 4 _____

MODULE 5 _____

MODULE 6 _____

MODULE 7 _____

SIGNATURE _____ **DATE** _____