



# UNIVAL COMPUTER SCHOOL

(A Subsidiary of Unival Info-tech Systems)  
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AFFIX  
PASSPORT  
PHOTOGRAPH

## STUDENT'S DEPARTMENTAL REGISTRATION FORM

Fill out this Form and Submit to your respective Heads of Department (HOD)

MATRICULATION NUMBER:

First Name:  Last Name:

Other Names (if applicable):

Tel. (Office):  (Home):   
(Include country and city codes) (Include country and city codes)

Age:  Sex:  Nationality:

Perm. Address:

Email Address:

PROGRAM REGISTERED FOR (Please Tick the appropriate box)

PROGRAM	PROGRAM DURATION	TICK SELECTED BOX
DIPLOMA IN COMPUTER SCIENCE		<input type="checkbox"/>
DIPLOMA IN DESKTOP PUBLISHING		<input type="checkbox"/>
DIPLOMA IN COMPUTER ENGINEERING		<input type="checkbox"/>
CERT. IN DESKTOP PUBLISHING		<input type="checkbox"/>
CERT. IN COMPUTER ENGINEERING		<input type="checkbox"/>
CERT. IN GRAPHICS DESIGN		<input type="checkbox"/>
CERT. IN SPREADSHEET ACCOUNTING		<input type="checkbox"/>
CERT. IN WORDPROCESSING/ SEC. STUD.		<input type="checkbox"/>
CERT. IN COMPUTER ENGINEERING		<input type="checkbox"/>
CERT. IN WORDPROCESSING – WP1		<input type="checkbox"/>
CERT. IN WORDPROCESSING – WP2		<input type="checkbox"/>
CERT. IN WORDPROCESSING – WP3		<input type="checkbox"/>
CERT. IN WORDPROCESSING – WP4		<input type="checkbox"/>
OTHERS (Please Specify Below)		<input type="checkbox"/>

DATE PROGRAM COMMENCES:  DATE PROGRAM TERMINATES:

PROGRAM FEE:  INITIAL DEPOSIT:  BALANCE:

REMARK: \_\_\_\_\_

SESSION: MORNING  AFTERNOON  EXECUTIVE

.....  
HEAD OF DEPARTMENT

.....  
STUDENT