



NATIONAL UNIVERSITY OF SCIENCE AND TECHNOLOGY
CENTRE FOR CONTINUING EDUCATION
CCE COURSE REGISTRATION FORM

Course Name:

Surname of Participant:

Name(s) of Participant:

Date of Birth: Gender:

Do you have a disability or learning difficulty? YES NO (If yes, state if assistance will be needed):

Designation: National I.D. NO.:

Highest Qualification:

Company/Organisation:

Business Address:

Telephone No.: Cell No:

E-mail Address:

Home Address:

How did you find out about this Centre?:

Receipt No.: Amount Paid:

Signed: Date:

A NON-REFUNDABLE FEE IS CHARGEABLE FOR ALL COURSE WITHDRAWALS

COLLECTION OF CERTIFICATE

Name: I.D.:

Signed: Date: