



JULYSEVENTH TECHNOLOGIES

TRAINING ENROLMENT FORM

Welcome to JULYSEVENTH INSTITUTE OF COMPUTER TECHNOLOGY. Thank you for coming to visit and register with us as a trainee. Please complete the following form and submit to our office or scan and send via email to: **enrolment@julyseveth.net**

PERSONAL INFORMATION

FULL NAME (Surname first):
 GENDER.....DATE OF BIRTH
 MARTIAL STATUS:.....STATE OF ORIGIN.....
 CONTACT ADDRESS.....

 EMAIL:.....PHONE.....

ACADEMIC / EMPLOYMENT INFORMATION

HIGHEST ACADEMIC QUALIFICATION:.....
 PRIOR COMPUTER / ICT COURSE TAKEN.....
 PRESENT EMPLOYER (IF ANY):.....
 POSITION:..... ADDRESS.....

COURSE INFORMATION

COURSE NAME:.....
 COURSE CODE:.....DURATION.....STARTING DATE.....
 ARE YOU A RETURNING STUDENT? (Yes OR No).....

MARKETING INFORMATION

HOW DID YOU FIND OUT ABOUT THIS COURSE?

- ☐ CURRENT / PREVIOUS STUDENT ☐ WEBSITE
☐ FLYER / POSTER ADVERTS ☐ NEWSPAPERS

TRIANEE'S SIGNATUREDATE:.....

Tuition must be paid at the time of registration.

No refund after sign and paid. However, student may transfer to the next available session.

FOR OFFICIAL USE

STUDENT NO:.....ENDIND DATE:.....
 SESSION TIME.....
 TOTAL TUITION:.....PAID:.....BALANCE:.....
 FOR JULYSEVENTH: SIGNATUREDATE:.....