

# HEADER

## Personal Information

First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/>
Programme	<input type="text"/>
Student Number	<input type="text"/>
NRC	<input type="text"/>

## Gender

☐ Male ☐ Female

## Contact Information

Email Address	<input type="text"/>
Phone Number	<input type="text"/>

## Address

☐ Campus ☐ Off-Campus

<input type="button" value="Submit"/>	<input type="button" value="Clear"/>
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