

**STUDENT REGISTRATION FORM**

**Personal Information:**

Surname: Other Name:

Course: Modality (online/Physical): Year of Study:

Date of Birth:

Gender:

Marital Status:

Mother's Name: \_ Contact: Father's Name: Contact: Nationality: \_Passport/ID Number: \_

Permanent Address:

Mobile Number:

Alternative Address: Private Email: Refactory Email: C

Next of Kin:

Address of the Above:

Occupation:

Telephone Number:

Guarantor/Sponsor's Name: Relationship with the above: Telephone Number:

Occupation:

Address of the Above:

Email:

**Tuition Payment Options:**

All payment options should be **elaborated well to students in the Finance Office**.

**To the best of my knowledge, I acknowledge that the information provided above is correct. I understand that failure to comply will result in denial of access and ADDITIONAL penalties.**

Student's Signature:

Date:

**FOR OFFICIAL USE ONLY: Fees Paid**

Amount:

Receipt Number: Date:

**Accountant's Signature: Date:**

On behalf of Clarke International University, I confirm that the above is hereby registered as a student for academic year:

semester:

**Programs Lead Signature: Date:**