<!DOCTYPE html>

<html>

<head>

<body>

<form nethod="GET">

Name:<input type="text" name="name"> <br>

Department:

<select>

<option> IS </option>

<option> IT </option>

<option> INFO SYSTEM </option>

<option> COMPUTER SCEIENCE </option>

</select>

<br><br>

COURSE:

<input type="checkbox" name="course " value="IP">IP

<input type="checkbox" name="course " value="IP">IB

<input type="checkbox" name="course " value="IP">DS <br>

Password:<input type="password" name="password"><br>

<input type="Button" name="submit" value="submit"><br>

</form>

</body>

</head>

</html>