

LASU MICROSOFT IT ACADEMY

Information & Communication Technology Centre



REGISTRATION FORM

Microsoft
IT Academy
Program Member

Course Applied For

Please attach
a recent
passport

PART A

Personal Data:

Surname

Other Names

Address

Date of Birth

Sex

Phone Number

E-mail Address

PART B

1. Highest Qualification:

School:.....

Qualification:.....

Year Obtained:.....

2. Previous Computer Experience

(Please state your previous experience below)

.....

FOR OFFICE USE ONLY

Payment Status:.....

Registration Status.....

Remarks.....

Sign:.....