



ACT American College of Technology

Registrar Office

Registration Form

(Fill in 4 Copies)

Full Name: _____ / : _____ / _____

1st Name

Father's Name

G.F's. Name

ID. No _____ Sex: _____ College: _____ Department: _____

Academic Year _____ Semester I Semester II (mark (✓) in one)

ADMISSION TYPE (Please mark (✓) in one)

Programme Type:

Undergraduate Degree

Postgraduate Degree

Certificate

In-service

Enrollment Type:

Regular Fulltime

Regular Par-time

Extension

Distance Education

Class Year: I II III IV V VI VII (Please Circle one)

No	Course Title	Course Code	Cr.Hr.	Instructor (s)
1				
2				
3				
4				
5				
6				
Total Credit Hrs.				

_____ Date

_____ Student's Signature

_____ Advisor's Signature

Student Service Center

1st copy – Student Service Center 2nd - Instructor 3rd – Department