



**University of the South Pacific
INFORMATION TECHNOLOGY SERVICES**

PROFESSIONAL TRAINING ENROLMENT FORM

PERSONAL INFORMATION

NAME:	(First Name)	(Middle Name)	(Last Name)
ADDRESS:			
PHONE:	(Home):	(Work):	(Mobile):
EMAIL:			(Fax):
GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE-OF-BIRTH:	___ / ___ / 19___

COURSE INFORMATION

COURSE:	<i>USP Internet Training</i>		
DATE:		TIME:	6:00 – 9:00 PM
CLASS:			

EMPLOYER INFORMATION

OCCUPATION:			
COMPANY:			
ADDRESS:			
PHONE:		FAX:	

CURRENT USP STAFF/STUDENT

This section to be completed by current staff and students of the University of the South Pacific

USP STAFF:	(Staff Id) :		
USP STUDENT:	(Student Id):	USP PROGRAM:	

ACCOUNTS INFORMATION

FNPF PAYMENT DETAILS

COURSE FEE:	
OTHER CHARGES:	
TOTAL:	
RECEIPT NO.	

ACCOUNT NAME	
ACCOUNT NO.	

Applicant's Signature _____	___ / ___ / 2005
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Coordinator's Signature _____	___ / ___ / 2005
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