



INTERNATIONAL TECHNOLOGICAL UNIVERSITY

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REGISTRATION FORM

Name (Last, First): _____ Student ID: _____

Date of Birth (MM/DD/YYYY): _____ Country of Birth: _____

Local Address: _____

Phone: _____ Email: _____

Degree Level: MBA MS Ph.D BS

Degree In: _____

Semester: Fall YEAR _____ Spring YEAR _____ Summer YEAR _____

Please note: If you are registering for CPT or Joint Seminar please indicate which session you are registering for.

CPT: A B C

Joint Seminar: 1 2 3

Course #	Course Title	Units	Day	Instructor
Total Units:				

Student Signature _____ Date _____

Registrar Signature _____ Date _____

Disclaimer: Registration forms will not be accepted without payment