



REGISTRATION FORM

NAME	I/C NO.
ADDRESS	
POSTAL CODE	PHONE
EMAIL ADDRESS	Date of Birth (DD/MM/YY) _____/_____/_____
Date of Registration	Remarks :
Item Purchased <input type="checkbox"/> RTC Course <input type="checkbox"/> RTC Exam <input type="checkbox"/> RTC Exam (Resit)	Total (RM) <input type="checkbox"/> RM450 <input type="checkbox"/> RM140 <input type="checkbox"/> RM80 _____

Subject	Date	Time

I understand that is my responsibility to ensure that my course choices satisfy both program regulations and the individual department regulations for specializations, concentration, or majors.

Student Signature _____

Terms : Cash on delivery only. Goods sold are not returnable.

Course Counsellor Signature _____