



COLLEGE OF EDUCATION

CTU-ONLINE ENROLLMENT FORM

Date : _____ Academic Year : _____
 New Old Transferee Term : 1st 2nd 3rd
 Student ID Number: _____
 Degree Program : _____
 Residency: Major : _____
 Cebu-based Within Phils. Foreign/Based Abroad

PERSONAL DATA

Name: _____ Age: _____ Gender: Male Female
 (Last Name) (First Name) (Middle Name)
 Date of Birth: _____ Place of Birth: _____ Civil Status: Single Married Citizenship: _____
 Home Address: _____ Tel. No.: _____ Email: _____
 Present Occupation/Position: _____ School/Company: _____
 School/Company Address: _____ Tel. No.: _____
 Name, Address, and Tel. No. of person to be notified in case of emergency: _____

EDUCATIONAL BACKGROUND

| | School | Academic Year | Honors/Degree Received |
|-----------------|--------|---------------|------------------------|
| Elementary : | _____ | _____ | _____ |
| High School : | _____ | _____ | _____ |
| College : | _____ | _____ | _____ |
| Post Graduate : | _____ | _____ | _____ |

ENTRANCE DATA:

Form 138-A or TOR (for Transferee) Birth Certificate Certificate of Transfer Credentials
 Certificate of Good Moral Medical Certificate (for Transferees)
 I hereby certify that all entries are true and solemnly swear to abide by the laws. Policies, rules and regulations set forth by the college.

 Student Signature over Printed Name

CASHIER'S COPY

| Name: | Gender: | Course/Yr. & Sec. | I.D. Number: |
|---------------------|--------------------|-------------------|--------------|
| Course Nomenclature | Course Description | | Unit/s |
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 Enrolment Committee/Registrar

STUDENT'S COPY

| Name: | Gender: | Course/Yr. & Sec. | I.D. Number: |
|---------------------|--------------------|-------------------|--------------|
| Course Nomenclature | Course Description | Unit/s | Instructor |
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 Enrolment Committee/Registrar

REGISTRAR'S COPY

| | | |
|---------------------|--------------------|----------|
| Name: | | Gender: |
| Course: | Year Level: | Section: |
| Course Nomenclature | Course Description | Unit/s |
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| Total | | |

Enrolment Committee

Cashier / EDP

APPROVED BY:

Registrar

Date of Registration

| ASSESSMENT OF FEES | | | | | |
|---|-----|--------|--------------|----------|------|
| CHARGES | QTY | AMOUNT | TOTAL AMOUNT | O.R. NO. | DATE |
| Application Fee: <input type="checkbox"/> Cebu-based <input type="checkbox"/> Outside Cebu, but within the Phils. <input type="checkbox"/> Foreign/Based Abroad | | | | | |
| Tuition Fee: <input type="checkbox"/> Cebu-based <input type="checkbox"/> Outside Cebu, but within the Phils. <input type="checkbox"/> Foreign/Based Abroad | | | | | |
| Instructional Materials Fee | | | | | |
| Orientation Fee | | | | | |
| Miscellaneous Fee | | | | | |
| Change of Matriculation Fee <input type="checkbox"/> Enrollment in additional course <input type="checkbox"/> Substitution of one course for another <input type="checkbox"/> Cancellation of a course | | | | | |
| Request for Transcript of Records <input type="checkbox"/> First Copy <input type="checkbox"/> Recopy <input type="checkbox"/> Certification | | | | | |
| Educational Development Fee | | | | | |
| Telecommunications Support and Development Fee | | | | | |
| TOTAL PHP | | | | | |
| TOTAL US \$ | | | | | |

VALIDATED

Date : _____
Signature: _____