



# CIPRIANI COLLEGE

OF LABOUR AND CO-OPERATIVE STUDIES

OFFICE OF THE REGISTRAR

## VACATION CLASSES REGISTRATION FORM

**COMPLETE IN BLOCK LETTERS ONLY**

Campus: North  South  Tobago

Student Name:.....  
(FIRST NAME) (MIDDLE NAME) (SURNAME)

Programme: ..... Level: .....

Student ID Number:..... Academic Year Enrolled: ...../.....  
yyyy / yyyy

Contact Numbers:...../...../...../.....  
(HOME) (WORK) (Ext) (MOBILE)

Course Title(s) 1) .....

2) .....

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### *FOR OFFICIAL USE ONLY*

#### REGISTRATION FEE PAID FOR VACATION COURSE(S)

No. of Courses \_\_\_\_\_ Tuition Fee per Course \_\_\_\_\_

Total Registration Fee: ( ) Course(s) x (\$) = \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Cashier Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

*Admissions Office, Staff Member*