

SUBJECT ENROLLMENT FORM

NAME: _____ NRIC: _____

CONTACT No: _____

PROGRAMMES

- | | | |
|--|---|---|
| <input type="checkbox"/> Dip. in Accounting | <input type="checkbox"/> Dip. in Business Management | <input type="checkbox"/> Dip. in Computer Science |
| <input type="checkbox"/> Dip. in Early Childhood Education | <input type="checkbox"/> Dip. in Business Information Systems | <input type="checkbox"/> Dip. in Mobile Computing |
| <input type="checkbox"/> Dip. in Taxation | <input type="checkbox"/> CAT | <input type="checkbox"/> ACCA Qualification |
| <input type="checkbox"/> Dip. in Social Work | <input type="checkbox"/> B.A (Hons) in Marketing | <input type="checkbox"/> Bachelor of Early Childhood Education (Hons) |
| <input type="checkbox"/> B.A (Hons) in Accounting | <input type="checkbox"/> BSc (Hons) in Finance and Investment | <input type="checkbox"/> Other: _____ |

IMPORTANT! PLEASE READ BEFORE YOU PROCEED!

- 1 Please refer to the programme structure and ensure you fulfill all prerequisite requirements for the intended course (may be obtained from Dept. Head of respective Diploma / Degree programme).
- 2 Please ensure there is no clash in timetable for the subject enrolled.

Year: _____ Semester: Jan May Jul/Aug Sept Current Level: _____

SUBJECT CODE	SUBJECT NAME	REMARKS

Mentor's Signature: _____

Student's Signature: _____

Mentor's Name: _____

Date: _____