



REGISTRATION FORM

<input type="checkbox"/> New Student	<input type="checkbox"/> Current Student	<input type="checkbox"/> Re- Admission
Last Name: _____		
First Name: _____		
Middle Name: _____		
Scholarship Student: Yes <input type="checkbox"/> No <input type="checkbox"/>		Student Identification No: _____
Type of Scholarship: _____		
Date of Birth: _____	Gender: _____	Marital Status: _____
Contact#: _____	E-mail: _____	
Semester: <input type="checkbox"/> Jan. <input type="checkbox"/> May <input type="checkbox"/> Sep. 20__		Class: _____

No.	Course Title	CR	Lecturer	Class Schedule
1.				
2.				
3.				
4.				
5.				
6.				
7.				

I,, hereby declare that the above personal information provided by me is complete & correct. I agree to comply with all the rules & regulations of RGUST including submission of any documents requested and payment of my tuition in a timely manner. I also agree to conduct myself on a high ethical & moral standard and to resolve any academic or non- academic disputes that may arise within the University while understanding that any deviation causing adverse effects to the University might result in my dismissal. I understand that any direct Financial Assistance in Tuition Fee (Scholarship/ Special Tuition Package) provided by RGUST is an investment in the University's future and on becoming a recipient of such assistance, I would be held responsible and liable by its governing terms and conditions. I also understand that the University reserves the right to make any policy and regulatory changes at any time.

Student 's Name: (Print)	<u>REGISTRAR'S OFFICE:</u>
Date:	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>
Signature:	Signature: _____
	Date: _____