

Date of Registration: \_\_\_\_\_  
Year Month Day

Name: \_\_\_\_\_  
Surname Given Name(s) Known As

Learning Unit Registration:

Learning Unit Title	Start & End Date	Instructor

Total Learning Units for this Registration: \_\_\_\_\_

SIGNATURE

\_\_\_\_\_  
Student

**Please ensure that you submit to the Registrar's Office a Personal Registration Form with this Learning Unit Registration Form. Thank you.**