



University of Perpetual Help System Laguna - MARITIME TRAINING CENTER INC. (UPHSL-MTCI)



FOR-REG-EF-01
04-02-2018 03

ENROLLMENT FORM

Enrollment Date _____
New Student _____ Old Student _____
Rank/ Position _____

Registration No. _____
Nationality _____

2 X 2

Last Name	First Name	Middle Name
Date of birth (mm/dd/yyyy)	Place of birth	Contact Number

Complete Address	Email Address	Sex (M/F)
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Contact Person and Address in case of emergency _____
Name _____ Address _____ Contact Number _____

Courses to enroll	Training Schedule	Room Number	Remarks

Optional fields:

Company/Vessel	Company Contact Number	Endorsed by:
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Encoded by: _____ ENROLLED ENROLLED BUT WITH LACKING REQUIREMENTS _____
"I hereby allow/authorize UPHSL-MTCI to use, collect and process the information for legitimate purposes only as required by MARINA in the processing of COP and allow authorized personnel to process the information, store and save in sufficiently secured and protected database, and even destroy the same in accordance with the laws, rules and regulations."



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