



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE
EVENING UNIVERSITY

Registration Form for Microsoft IT Academy

Surname

First Name **Title:**

Address
Address

Contact Nos. Daytime: - Ext. Cell: -

Program: Regular Accelerated* Online

Please Select Course(s): **Indicate Preferred Class Times**

Ms Word Core	<input type="checkbox"/>	1 st	<input type="checkbox"/>	2 nd	<input type="checkbox"/>	3 rd	<input type="checkbox"/>
Ms Word Expert	<input type="checkbox"/>	Mon & Wed	<input type="checkbox"/>	Mon & Wed	<input type="checkbox"/>	Mon & Wed	<input type="checkbox"/>
Ms Excel Core	<input type="checkbox"/>	Tues & Thur.	<input type="checkbox"/>	Tues & Thur.	<input type="checkbox"/>	Tues & Thur.	<input type="checkbox"/>
Ms Excel Expert	<input type="checkbox"/>	Sat.	<input type="checkbox"/>	Sat.	<input type="checkbox"/>	Sat.	<input type="checkbox"/>
Ms PowerPoint	<input type="checkbox"/>						
Ms Access	<input type="checkbox"/>						
Ms Outlook	<input type="checkbox"/>						

Fees Applicable (To be paid at the Campus Bursary):

Signature: _____ **Date:** _____

For Official Use Only

Prerequisite Course Completed Yes No When Completed: _____

Pre-course Assessment Required Yes No Date Scheduled: _____

Test Score: _____

Program: 1 2 3 4 5 6

* These courses are offered Saturdays only and applicants are required to complete a pre-course assessment before being admitted to the program.