Graduate School of Business
ENROLMENT FORM: SHORT COURSE TRAINING

Course Information

COURSE TITLE			
DATE(S)		VENUE	

Personal Information		**Employment Information**	
FIRST NAME		OCCUPATION	
MIDDLE NAME		ORGANISATION	
SURNAME		ADDRESS	
GENDER	☐ Male ☐ Female		
DATE OF BIRTH	(day/.month/.year):		
MOBILE		TELEPHONE	
EMAIL		Fax	
POSTAL ADDRESS			

I confirm that the information submitted above is correct and complete.

Graduate School of Business reserves the right to postpone or cancel courses on the basis of insufficient demand or for reasons that it deems necessary.

NB:

For Sponsored Participants, please indicate billing details (sponsors name/address):

_____

_____ _____

Applicant's signature Date (day/month/year)

OFFICIAL USE ONLY

Fees

Amount Paid/Invoiced	Receipt No.	Date	GSB Staff Name	Signature

For Further Enquiries:

Phone: (679) 3231371/3231360

Email: devi_re@usp.ac.fj or reshika.chandra@usp.ac.fj