

AIAS

Distance Learning Center Registration Card

First Sem. Second Sem. Inter-Sem. _____ School year _____ Date _____

Name _____ Distance Learning Center at _____
 (Please Print) Family First Middle

Birthdate ____/____/____ Gender: Male Female Citizenship _____
 (Year/Month/Day)

Sponsoring Organization _____ Email Address _____

Celphone/Mobile Number _____

Program:

- | | |
|------------|-----------------------|
| _____ MMin | _____ MBA |
| _____ DMin | _____ MSA |
| _____ MAT | _____ MPH |
| _____ MEd | _____ PhD in Business |
| _____ MA | |

Course No.	SUBJECTS	Units	Inst. Sig.	Grades
TOTAL UNITS				

For students coming to class on-campus:

Program Director

Chief Accountant

Registrar