Chiang Kai Shek College

OJT Enrolment Assessment Form

DATE	
SEMESTER	o 1ST o 2ND o SUMMER
SCHOOL YEAR	_____ TO _____
PERSONAL INFORMATION	
LAST NAME	
FIRST NAME	
MIDDLE NAME	
CHINESE NAME	
GENDER	o MALE o FEMALE
BIRTHDATE (mm/dd/yyyy)	
BIRTHPLACE	
ACADEMIC INFORMATION	
STUDENT NUMBER	
YEAR LEVEL	
COURSE	
MAJOR	
CONTACT INFORMATION	
TELEPHONE NUMBER	
MOBILE NUMBER	
E-MAIL ADDRESS	
ADDRESS	

STUDENT ORG MEMBERSHIP

INCLUSIVE YEARS	STUDENT ORGANIZATION/S

SIGNATURE OF STUDENT/ DATE	

CORE BUSINESS/ PROFESSIONAL/ ELECTIVE SUBJECTS COMPLETED

SUBJECT/ COURSE CODE	INSTRUCTOR	GSE
o		
o		
o		
o		
o		
o		
o		
o		
o		
o		

TOTAL NUMBER OF UNITS COMPLETED (AS PER CURRICULUM)

SEMINARS ATTENDED

	DATE	TITLE OF SEMINAR	ORGANIZER
Inside CKS College			
Outside CKS College			

VERIFIED & CHECKED BY (REGISTRAR'S OFFICE PERSONNEL)	APPROVED BY (DEAN)
SIGNATURE OVER PRINTED NAME/ DATE	SIGNATURE OVER PRINTED NAME/ DATE
ASSESSED AMOUNT	**PAYMENT RECEIVED BY (CASHIER)**
	SIGNATURE OVER PRINTED NAME/ DATE