



UNIVERSITÉ DES
MASCAREIGNES

SAVOIR, C'EST POUVOIR

REGISTRATION FORM – FULL TIME COURSES

Mauritian/Rodriguan students

Intake.....

To be filled-in by students

Student Details

SURNAME : _____

FIRST NAME : _____

MAIDEN NAME (where applicable): _____

GENDER M F

NIC: _____

Date of Birth:/...../..... **PLACE OF BIRTH :** _____

NATIONALITY : _____ **PHONE NO :** _____ **MOBILE :** _____

ADDRESS (Mauritius) : _____

ADDRESS (Rodrigues)-where applicable : _____

E-MAIL ADDRESS : _____

NAME OF PARENT/GUARDIAN : _____

PARENT/GUARDIAN : PHONE NO : _____ **MOBILE :** _____

I, _____ certify that the information I have given above are true and correct and that I will comply with the rules and regulations in connection with the payment of fees.

Date: ____/____/____

Signature of student : _____

For Office use

Course : _____ **Yearly administrative fees :** _____

Payment of yearly administrative fees					
Fees	Academic year	Receipt Number	Name of Officer	Signature	Date
					___/___/___
					___/___/___
					___/___/___
					___/___/___