Employability Skills Training (EST)
Student Registration Form (SRF)

Student Name: …………………………………………………………………………………………………….

Gender:

☐ **Male**

☐ **Female**

National ID Number: …………………………………………………………………………………………….

University ID: ……………………………………………………………………………………………………

Email: ……….

Mobile Phone: …………………………………………………………………………………………………

University: ……………………………………………………………………………………………………..

Faculty: ……..

Specialization/Major: ……………………………………………………………………………………….

Current Academic Year: ……………………….. **Expected Graduation Year:** ……………………………

☐ I hereby authorize the UCCD to use my data and my photographs taken during my participation in the training programs and/or career development services offered by the center for the purposes of UCCD reporting, publications, social media and employer networking.

Student Signature: Date:

………………………………………………   …………………………………………………