



Please complete this form and return it to Schoto.

ALUMNI REGISTRATION FORM

SURNAME _____
FIRST NAME(S) _____

GENDER **MALE** **FEMALE**

NATIONALITY _____
NATIONAL ID No _____
PASSPORT No _____
POSTAL ADDRESS _____

PHYSICAL ADDRESS _____

EMAIL ADDRESS _____

COUNTRY OF RESIDENCE _____

TELEPHONE No _____

CELLPHONE No _____

SCHOTO QUALIFICATIONS

Course	Level Attained eg NC, ND or HND	Year of Graduation

EMPLOYMENT DETAILS

Employed **Self Employed** **Unemployed** **Student**

POSITION _____

NAME OF EMPLOYER OR COMPANY _____

POSTAL ADDRESS _____

PHYSICAL ADDRESS _____

EMAIL ADDRESS _____

WEBSITE _____

I.....declare that the information given above is correct. I also bind myself to pay annual subscription fees as required by the Alumni Association.

SIGNATURE _____ **DATE** ____/____/____