

APPLICATION FOR ENROLMENT

Indicate enrolment year: 20_____

Indicate Semester below

Please Print or Type

Surname First Name Middle Initial

Branch/ Agency Address

Office # _____ Cell # _____

E-Mail Address _____

I am registering for the following LUTC Course

- 201 EXPLORING PERSONAL MARKETS
- 202 MEETING CLIENTS NEEDS
- 251 BUSINESS CONTINUITY
- 261 RETIREMENT PLANNING
- 211 DISABILITY INCOME
- 290 ETHICS

Please indicate where you would like to attend classes?

North South East Tobago

Payment method: Cash Cheque Company

Signature

Company Stamp

Authorised Signature

Date: _____

APPLICANT'S STATEMENT:

I understand that

- (1) successful completion of the course is based on class participation, written assignments and field projects, 80% attendance (NO EXCEPTION) and a passing grade on a final examination acceptable to CARAIFA and

- (2) my enrolment and final status may be reported to my company. I further understand that any student whose behaviour adversely affects reasonable order and harmony in class is subject to disenrollment, and may be barred from future participation in LUTC courses. The information on this application is accurate to the best of my knowledge.

I have read, understood and agreed to the terms stated above.

TTAIFA Secretariat
129 Edward Street, Port of Spain.
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Fax: 627-0208
Email: ttaifa@wow.net