 

Project Management Certificate Program Registration Form This information is requested to maintain a permanent record of your non-credit activity in KUST’s student information system. If this information is not provided at the time of your registration, the permanent record cannot be retroactively created.

(Print your Full Legal Name as it appears on your state issued ID card or passport) Prefix:

Prefix ----------------- First name ----------------- Middle ----------------- Surname -----------------

Academic Title ---------------------------------------------------

Company/Institution --------------------------------------------------------------------

Address Home  Work  (Please check a box by double clicking it)

Adress -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Highest level of education ---------------------------------------------------

Institution granted last degree ---------------------------------------------------

Degree ----------------------------------

Specialty (Major) ---------------------------------------------------

Email ---------------------------------------------------

Telephone ---------------------------------------------------

Thanks for registration

Please email filled form to Dr. Govand Anwar

govand.anwar@komar.edu.iq