**CENTER FOR EXECUTIVE TRAINING AND INTERNATIONAL DEVELOPMENT**

**SHORT-COURSE TRAINING PROGRAM FOR**

**PROFESSIONAL DEVELOPMENT**

**Registration Form**

A. **PERSONAL INFORMATION**

First Name --------------------------------- Surname ---------------- -------------------

Middle Name------------------ Date of birth (month/day/year): -----------/----------/----------

Gender: Male/Female Nationality: ---------------------------------------

Marital Status: Single/Married Official mailing address:-------------------------------------------------

City: ------------------------------------------------- Postal Code/State: -------------------------

Country: -------------- E-mail: --------------------------------------------

Phone: -------------------------- Passport No. ---------------------------

**B. EDUCATION:**

(a) BA/BS --------------- (b) MA/MS ---------------------------------

(c) Ph.D.------------------------

**C. EMPLOYMENT HISTORY**:

Name of Employer: ------------------------------ Type of Organization: Government/Public ; Nonprofit ; Private

Mailing Address: -------------------------------- City: ------------------------------------------------------

Postal Code/State: -------------------------------- Country: --------------------------------

E-mail: ----------------------------------------------- Phone: -----------------------

Your Job Title: -------------------------------------- Date of Appointment: -------------------------------

**D. COURSE(S) APPLIED FOR**:

Title: ---------------------------------------------------------------------------------- Scheduled Dates:-------------------------

Title: ---------------------------------------------------------------------------------- Scheduled Dates: ------------------------

**E. CHOOSE ONE TRAINING LOCATION**

New York, USA

Stamford, USA

Washington, DC, USA

**F. FINANCIAL ARRANGEMENTS**

I have secured funding for the course

I am still searching for funding for the course

I certify that I have answered the above questions truthfully.

Date: ------------------------------------------------- Signature of the Applicant: -------------------------------------------

This application is supported by my Manager. Name of your Manager: -------------------------------------------

Signature of your Manager: -------------------------------------------. Date: -------------------------------------------------