

THE UNIVERSITY OF THE SOUTH PACIFIC SCHOOL OF DISTANCE EDUCATION

UNIVERSITY OF THE SOUTH PACIFIC
SCHOOL OF DISTANCE EDUCATION
STUDENT INFORMATION SHEET

PLEASE PRINT CLEARLY IN CAPITAL LETTERS
NAME: _____
ID NUMBER: _____
PROGRAM: _____
COURSE: _____

DATE OF BIRTH: _____
SEX: _____
NATIONALITY: _____

ADDRESS: _____
CITY: _____
COUNTRY: _____

TELEPHONE: _____
FAX: _____
E-MAIL: _____
SIGNATURE: _____