# CAMS ENROLLMENT FORM

**NAME**

- Surname: 
- Given Name: 
- M.I.: 
- Student No.: 

**Permanent Address:**

- Contact Person in Case of Emergency: 
- Contact Number: 
- E-mail address: 

**PROGRAM**

- [ ] MSMT
- [ ] MSME
- [ ] PGCERT

**AFFILIATION**

- [ ] AMOSUP Member
- [ ] IMMAJ
- [ ] MAAP Employee/Alumni
- [ ] Others

**Semester**

- 

**Academic Year**

- 

**Date**

- 

**INSTRUCTIONS:** Please check the status and program you are to enroll.

### Ref. No. Module Descriptive Title Lec. Units Lab. Units Units

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**Approved by:**

- Student’s Signature: 

**Enrolled by:**

- DR. LEOGENES L. LEE
  Dean, CAMS
- JO ANN I. MANUEL, MAEd
  School Registrar

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**Finance Department**

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