

**Consulting and Education Center (CEC)
De La Salle University College of Computer Studies**

SHORT COURSE CONFIRMATION FORM*

Short Course Information

NAME OF TRAINING	
INCLUSIVE DATES	
TIME	
DAY	
VENUE	
TOTAL TRAINING HOURS	

Personal Information

NAME (LAST, FIRST, MIDDLE)	
HOME ADDRESS	
DATE OF BIRTH / SEX	
TIN #	
HOME PHONE #	
CELL PHONE #	
EMAIL ADDRESS	
COMPANY	
POSITION	
OFFICE ADDRESS	
OFFICE PHONE #	
FAX #	

Educational Background

HIGH SCHOOL (NAME OF SCHOOL, YEARS TAKEN)	
COLLEGE OR SPECIALIZATION (NAME OF SCHOOL, DEGREE EARNED, YEARS TAKEN)	
GRADUATE (NAME OF SCHOOL, DEGREE EARNED, YEARS TAKEN)	
OTHER TRAINING, COURSES (NAME OF SCHOOL, DEGREE EARNED, YEARS TAKEN)	
OTHER TRAINING, COURSES (NAME OF SCHOOL, DEGREE EARNED, YEARS TAKEN)	

**Please email this form together with a copy of your ID with picture and signature to cec@dlsu.edu.ph or submit to Ms. Ellen Bihasa at G108 of the College of Computer Studies.*