

SVGCC LIBRARY

LIBRARY PRE-REGISTRATION FORM

Please complete this form in Block letters and return to the respective Divisional Library of the SVGCC

Name _____
Surname First name/s Other name/s

Sex: Male ☐ Female ☐ Date of Birth: / /
D M Y

New Applicant ☐ Re-applying ☐

Mailing Address: _____

Permanent Address: _____

Email Address: _____

Telephone #: (Home) _____ (Cell) _____

Division: _____

Program: _____

Subjects/Courses to be taken: _____

(If CAPE)

Status: Student ☐ Lecturer ☐ Staff ☐
Part-time ☐ Fulltime ☐ Temporary ☐

Length of Program: _____ From: _____ To: _____

Signature: _____

FOR OFFICIAL USE ONLY

BARCODE:

REG. NO. :

DATE: