



# CALIFORNIA TAKSHILA UNIVERSITY

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## REGISTRATION FORM

Name (Last, First): \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree Level:  MBA  MS Degree In: Computer Science

Semester:  Fall YEAR \_\_\_\_\_  Spring YEAR \_\_\_\_\_  Summer YEAR \_\_\_\_\_

Please note: If you are registering for Curricular Practical Training (CPT)/Practicum please indicate which session you are registering for.

CPT:  I  II  III

Course Code	Course Title	Units
		<b>TOTAL Units:</b>

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_

Disclaimer: Registration forms will not be accepted without tuition payment. Please attach proof of fee payment.