



CHARLES TELFAIR
INSTITUTE



central
INSTITUTE OF TECHNOLOGY

ENROLMENT/RE-ENROLMENT FORM

Family Name:	Given Name/s:
Date of Birth:	Contact Number Cell : Home : Office :
Email address:	

COURSE DETAILS

Tick box next to course you wish to enroll/re-enroll for:

Certificate IV in Graphic Design

☐

Certificate IV in Interior Decoration

☐

Diploma of Graphic Design

☐

Diploma of Interior Decoration

☐

For re-enrolled students - list below all the units you wish to re-enroll on:

Date: _____

Student's signature: _____

FOR OFFICE USE ONLY:

CHECKED BY: _____

(Future Students Centre)

INVOICE RAISED BY: _____

INVOICE NO: _____