

# GLOBAL ELITE

## INSTITUTE OF TECHNOLOGY

2<sup>ND</sup> Floor First Global Building, 122 Gamboa cor. Adelantado Sts., Legaspi Village, Makati City



### ENROLLMENT FORM

THIS FORM IS NOT FOR SALE

#### PERSONAL INFORMATION

Full Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Middle Name	Last Name
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
	MM/DD/YYYY		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship	<input type="text"/>
Contact Number	<input type="text"/>	Email Address	<input type="text"/>
Present Home Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
	No./Block/Street/Village	Barangay	Municipality/City
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Province	Region	ZIP code

Is your Present Home Address the same as your Permanent Address? ☐ Yes ☐ No

If no, kindly fill up the section below.

Permanent Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
	No./Block/Street/Village	Barangay	Municipality/City
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Province	Region	ZIP code

#### EDUCATIONAL AND CAREER BACKGROUND

Highest Educational Attainment	<input type="text"/>	Year Attended	<input type="text"/>
School/University Attended	<input type="text"/>		
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, kindly fill up the section below.			
Current Job Title	<input type="text"/>	Years of Work Experience	<input type="text"/>
Industry/Field	<input type="text"/>		
Course Interested	<input type="checkbox"/> Artificial Intelligence <input type="checkbox"/> Cybersecurity		
Mode of Learning	<input type="checkbox"/> Hybrid (combination of online and face-to-face learning)		

#### EMERGENCY CONTACT INFORMATION

Full Name of Contact Person	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Middle Name	Last Name
Relationship	<input type="text"/>	Email Address	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>	
	Mobile Number	Telephone Number	

#### PROGRAM ENROLLMENT DETAILS

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### CONSENT FOR PERSONAL DATA PROCESSING

I hereby affirm that the information provided in this enrollment form is accurate and complete to the best of my knowledge. I understand that any false or misleading information may result in the disqualification of my application or the revocation of my enrollment.

Furthermore, I hereby give my consent to **Global Elite Institute of Technology (GEIT)** to collect, use, store, and process my personal information in accordance with the provisions of the **Data Privacy Act of 2012** and other applicable laws. I understand that the information provided will be used solely for the purpose of my enrollment, academic records, and any legitimate institutional purposes such as:

- Admission and enrollment process
- Academic and administrative purposes
- Communication regarding updates, events, and requirements
- Reporting and disclosures required by law and regulations

I also understand that GEIT ensures the confidentiality of my personal data and will not share or disclose it to third parties without my consent unless required by law.

By signing below, I give my consent for the processing of my personal information and agree to the terms stated above.

\_\_\_\_\_  
Signature over Printed Name