



Myanmar Union Adventist Seminary  
REGISTRATION FORM

Name: ID No. Male Female DoB

Address

Contact No: Email Address:

Mission: AYM SEM UMM CMM YAM YUM

School Year: 1st 2nd 3rd 4th First Semester Second Semester Summer

Boarding Day

Scholarship: Type of Scholarship Self-Support

Workers' Child: Name of Father

Retiree's: Name of Father

Major: Minor

Subject Code Course No Subjects Units

Total Credits

Payment Code

**Vice President for  
Financial Administration**

**Vice President for  
Academic Administration**

**Registrar**

Last Semester GPA

Class Load (hrs.)

Save File Reset Form