

# 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: \_\_\_\_\_

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### FOR OFFICIAL USE ONLY

BARCODE: .....

REG. NO. : .....

DATE: .....