

CETYS UNIVERSIDTY
DIRECTOR OF THE COLLEGE OF BUSINESS AND ADMINISTRATION
FISCAL AND ACCOUNTING ACADEMY

REGISTRATION FORM

Name: _____

Telephones: _____ E-mail: _____

Full-time faculty () Part-time faculty () Adjunct professor: ()

Undergraduate degree and last academic degree reached: _____

Years of faculty experience: _____

Area of specialization: _____

Course taught: _____

Available hours:

I appreciate the invitation to actively participate on carrying out the works of the Fiscal and Accounting Academy of the CETYS University System. I will set all my efforts and dedication on complying with the established goals of such Academy.

_____, B. C. _____, 2009.

Signature:
