

Course Registration Form

Academy of Leadership Excellence

I. PERSONAL & PROFESSIONAL DETAILS

Full Name:

Email Address:

Phone Number:

Organization/Company:

Current Job Title:

Years of Experience: 0-5 years 6-15 years 15+ years

II. COURSE SELECTION

Please select the course(s) you wish to enroll in:

Course Title

1. Securities Leadership Program (SLP)
2. High Performance Leadership Program (HPLP)
3. Executive Leadership Program (ELP)
4. SME Business Leadership Program (SBLP)
5. Junior leadership Program (JLP)

Preferred Delivery Mode: In-Person Virtual Hybrid

III. BILLING & SPONSORSHIP

Who is responsible for the course fees?

Self-Funded Employer-Sponsored

Billing Contact Name: _____

Billing Email: _____

IV. TERMS & CONDITIONS

- **Attendance Policy:** Participants must attend at least 90% of sessions (and in some cases pass the quiz/exam) to receive the Certificate of Completion.
- **Cancellation:** Cancellations made within 7 days of the start date are subject to a 20% administrative fee.
- **Code of Conduct:** The Academy maintains a professional environment of mutual respect and confidentiality.

Applicant Signature: _____ Date: _____