

REQUEST FOR REGISTRATION: 2023

1. **STUDENT NUMBER:**

2. **INITIALS AND SURNAME**

3. **ACADEMIC CAREER:**

Undergraduate (UGRD) or Open/Distance Learning Undergraduate (OPUG)

Health Sciences Undergraduate (HSUG)

Please select		
UGRD	OPUG	PGRD
HSUG	HSPG	

Postgraduate (PGRD)

Health Sciences Postgraduate (HSPG)

4. **EMPLOYMENT STATUS:**

Are you currently employed for the year? or

If yes, please indicate by whom you are employed? or

5. **REGISTRATION FOR ACADEMIC PLAN (QUALIFICATION), MODULES AND LOCATION WHERE CLASSES ATTENDED**

FIRST SEMESTER (JANUARY TO JUNE)

Module code e.g. EACC1514	Location where classes will be attended: e.g. BFN	Academic plan code: e.g., BC636060

SECOND SEMESTER (JULY TO DECEMBER)

Module code: e.g., EACC1624	Location where classes will be attended: e.g. BFN	Academic plan code: e.g., BC636060

YEAR (JANUARY TO DECEMBER):

Module code: e.g., UFSS1504	Location where classes will be attended: e.g. BFN	Academic plan code: e.g., BC636060

Module code: e.g., UFSS1504	Location where classes will be attended: e.g. BFN	Academic plan code: e.g., BC636060

Signature of **student**:

Date:

Signature of **academic adviser**:

Date:

IMPORTANT:

NB: Submission of the necessary documents and capture of requested documents during registration shall be conditional.

Registration of the student shall be final upon fulfilment of the following conditions:

1. Admission or re-admission of the student to the program of study.
2. No outstanding fees on the student's account, proof of funding submitted or first payment made.
3. Approved study permit and medical aid if the student is a foreign national.

Students whose request for registration could not be processed by the deadline due to either of the documents and/or payments mentioned herein above outstanding, such request shall remain incomplete. Refer to the Registration Terms of Conditions for more clarity.