



APPLICATION FOR ADMISSION: POST-GRADUATE STUDY
CLOSING DATE: 30 SEPTEMBER

**SUBMIT THIS FORM TO THE APPROPRIATE DEPARTMENT BEFORE THE
CUT-OFF DATE!**

PLEASE TAKE NOTE:

- A complete original or certified study record must be submitted with this application.

A. PERSONAL INFORMATION

1. STUDENT NUMBER:

ID OR PASSPORT NUMBER:

2. SURNAME:

3. INITIALS:

4. FIRST NAME:

5. DATE OF BIRTH:

6. MALE/FEMALE:

7. POSTAL ADDRESS (TO WHICH CORRESPONDENCE MUST BE SENT):

8. TEL.: (H)

9. TEL.: (W)

10. CELLPHONE:

11. E-MAIL ADDRESS:



B. ACADEMIC INFORMATION

1. HIGHEST QUALIFICATION:

--

2. INSTITUTION WHERE ABOVE WAS OBTAINED:

--

C. MODULE PLANNING

1. HONOURS PROGRAMME

1.1. B Com Hons Economics

1.2. B Com Hons Financial Economics and Investment
Management

2. MASTERS PROGRAMME (SPECIFY)

2.1.

D. SIGNATURE

I hereby confirm that:

- *the above information is correct and true, and*
- *I have read through the registration information and have taken note of and accept all the rules and regulations applicable to this programme.*

.....
SIGNATURE:

.....
DATE: