



**APPLICATION FOR ADMISSION: POST-GRADUATE STUDY**  
**CLOSING DATE: 30 SEPTEMBER 2018**

**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:

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2. INSTITUTION WHERE ABOVE WAS OBTAINED:

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## 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:**