UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA

UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSKAPPE

Division Sport and Exercise Medicine
Afdeling Sport- en Oefeningsgeneeskunde

MAGISTER IN SPORTS MEDICINE
(M.Sports Med) (UFS)
Please write neat and clear and in Block

I am interested to enter the above course from 20_____

I want to apply ☐ Please send more details ☐

NAME: Dr_____

Address: _____

_____

_____Code: _____

Tel: Office _____ Residence: _____

E-Mail: _____ Cell: _____

Fax: _____

Date of birth: _____ Gender: _____

Nationality: _____ Religion: _____

ID number: _____

Year of first qualifications: _____

Where qualified: _____

Additional professional qualifications: _____

Number of Registration with HPCSA: _____

Category of registration: _____

Present employment: _____

Have you previously applied for this course? _____

If "yes", which year _____

Signed: _____ Date: _____

Please return form and your CV and the other documentation to:
Francois Retief Building, Low Ground Floor, Block A, Room number 114
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