

ATTENDANCE AND NAME FORM

A PERSONAL INFORMATION

Full names:

Surname:

Identity/passport number:

Student number:

Email address:

Cellphone number:

B QUALIFICATION DETAILS

Qualification to be obtained:

Faculty:

Graduation ceremony date and time:

C SPECIAL NEEDS

Do you have a disability?:

Do any of your guest(s) have a disability?:

Describe the nature of the disability:

D NAME CHANGE (IF APPLICABLE)

Full names after name change:

NAME CHANGES MUST BE ACCOMPANIED BY A COPY OF YOUR
IDENTITY DOCUMENT AND PROOF OF OFFICIAL NAME CHANGE.

SUBMISSIONS MUST BE MADE TO GRADUATIONS@UFS.AC.ZA
NO LATER THAN ONE MONTH BEFORE GRADUATION DATE.

I, hereby declare that the above information is correct and that my surname and first names are spelt correctly. I also understand that the information I have given above will be included without any change in the graduation/diploma/certificate ceremony programme, should I qualify for a degree/diploma/certificate.

I further undertake to obey and comply with the rules, regulations, instructions, orders, and guidance as given by officials and members of Protection Services, failing which I may be liable for exclusion and prosecution.

Signature

Date

COMPLETED FORM MUST BE SUBMITTED TO GRADUATIONS@UFS.AC.ZA
NO LATER THAN ONE MONTH BEFORE GRADUATION DATE.