## **Faculty of HEALTH SCIENCES**



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## APPLICATION IN TERMS OF RULE G10 FOR THE CONFERMENT OF STATUS OF A OHALIFICATION FOR THE PURPOSE OF REGISTERING FOR A HIGHER OHALIFICATION

Surname: First Name/s: Identity Number: Student Number: E-Mail Address: Postal Address: Postal Address:  Qualification for which Applicant wishes to be Registered for: (e.g. BTech: Engineering: Mechanical)  Pre-Requisite Qualification for which status is applied for: (e.g. NDip: Engineering: Mechanical)  Proposed Year/Semester of Registration: 1. ACADEMIC QUALIFICATIONS (Certified copies to be attached)  (i) Completed (if none, please state)  Subjects Passed to Date:  Subjects Passed to Date:  I hereby make application in terms of Rule G10 and certify that the details furnished in this application and the attached documentation are correct.  SIGNATURE OF STUDENT  Date	QUALIFICATION FOR THE PURPOSE OF REGISTERING FOR A HIGHER QUA	LIFICATION
First Name/s: Title:   Identity Number:	SECTION A: TO BE COMPLETED BY APPLICANT	
Identity Number:   Student Number:   E-Mail Address:   Postal Address:   Postal Code:   Contact Number/s:   Qualification for which Applicant wishes to be Registered for:   (e.g. BTech: Engineering: Mechanical)	Surname:	
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		and the attached
	SIGNATURE OF STUDENT  Routing: Student → Faculty Office → HOD → Exec Dean → Faculty Office	Date



SECTION B:	TO BE COMPLETI	ED BY HEAD OF D	EPARTMENT				
ASSESSMENT PANEL:							
NAME		RANK		QUA	LIFICATION		
The Assessing Panel recommends that the applicant be granted permission to register:							
Unconditionally				eable block)			
(i) ACADEMIC REQUIREMENTS:							
(ii) EXPERIENTIAL REQUIREMENTS							
SECTION C: RECOMMENDATIONS							
RECOMMENDATION	NAME	SIGNATURE	APPROVED	NOT	DATE		
				APPROVED X			
Head of Department (on behalf of the assessment panel							
Executive Dean (on behalf of Exco of Faculty Board)							