

Faculty of HEALTH SCIENCES



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

SECTION A: TO BE COMPLETED BY APPLICANT

Surname:

First Name/s: Title:

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)

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)	Date

(ii) Incomplete (if none, please state)

Subjects Passed to Date:	

2. Professional Qualifications (Certified copies to be attached)

Motivation by Applicant:

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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

SECTION B: TO BE COMPLETED BY HEAD OF DEPARTMENT

ASSESSMENT PANEL:

NAME	RANK	QUALIFICATION

The Assessing Panel recommends that the applicant be granted permission to register:

Unconditionally or subject to the following conditions *(please ✓ applicable block)*

(i) ACADEMIC REQUIREMENTS:

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(ii) EXPERIENTIAL REQUIREMENTS

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SECTION C: RECOMMENDATIONS

RECOMMENDATION	NAME	SIGNATURE	APPROVED ✓	NOT APPROVED X	DATE
Head of Department <i>(on behalf of the assessment panel)</i>					
Executive Dean <i>(on behalf of Exco of Faculty Board)</i>					