



FOR OFFICE USE ONLY

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APPLICATION FOR A SHORT COURSE ADMISSION

Please complete all sections below:

Proposed Course _____

In the Department of _____

Date of Course _____

LAST NAME(SURNAME):																														
FIRST NAMES (in full):																														
MAIDEN NAME (if applicable):																														
TITLE (Mr, Ms):																					INITIALS:									

POPULATION GROUP: _____ (eg. Asian, Black, Coloured, White)	HOME LANGUAGE: _____ (eg. Xhosa, English, Sotho, Afrikaans etc)
GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	

DATE OF BIRTH:	DD	MM	YY
	<input type="text"/>	<input type="text"/>	<input type="text"/>

SA IDENTITY NUMBER OR PASSPORT NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature: _____

Date: _____

Copy of ID/Passport attached please ✓