

REGISTRATION FORM:

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REPORT 191 (NATED): HOSPITALITY & CATERING SERVICES FULL TIME

| Select course level with a ✓ | N4 50410008 NC8001 | N5 50510006 NC9001 | N6 50610004 NC7001 | CLASS GROUPS | | | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------|---|---|---|---|---|---|
| | | | | A | B | C | D | E | F | G |

| Select campus with a ✓ | CAMPUS NAME | BEAUFORT WEST | BITOU | GEORGE | HESSEQUA | MOSSEL BAY | OUDTSHOORN |
|------------------------|-------------|---------------|-------|--------|----------|------------|------------|
| | CAMPUS CODE | 02 | 03 | 04 | 05 | 06 | 07 |

| STUDENT SURNAME | | | | | | STUDENT INITIALS | | | |
|-----------------|--|--|--|--|--|------------------|--|--|--|
| STUDENT NAMES | | | | | | | | | |

| STUDENT ID | | | | | | | | | | | | | | |
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| STUDENT NO | | | | | | | | | | | | | | |
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| BLOCK | SUBJECT DESCRIPTION | SELECT SUBJECT CODE & LEVEL WITH A ✓ | | | | | | SELECT EXAM LANGUAGE WITH A ✓ | | PASS % |
|--|---------------------|--------------------------------------|---|--------------|--------------|----------|--|-------------------------------|-----|--------|
| | | N4 | | N5 | | N6 | | ENG | AFR | |
| | | ITS: S1 –SEM 1 S2- SEM 2 | Applied Management (<i>APMANN4/N5/N6</i>) | 4090594 | | 4090605 | | 4090576 | | |
| Sanitation & Safety (<i>SAN&SN4</i>) | 8060094 | | | | | | | | | 40 |
| Catering Theory & Practical (<i>CT&PRN4/N5/N6</i>) | 10070254 | | | 10070265 | | 10070346 | | | | 40 |
| Nutrition & Menu Planning (<i>NU&MPN4</i>) | 10070274 | | | | | | | | | 40 |
| Entrepreneurship & Business Management N4 (<i>EBMANN4</i>) | | | | 4090304 (N4) | | | | | | 40 |
| Food & Beverage Service N5 (<i>F&BSN5</i>) | | | | 10070355 | | | | | | 40 |
| Communication & Human Relations N6 (<i>C&HRN6</i>) | | | | | | 5140306 | | | | 40 |
| Computer Practice N4 (<i>CPRACN4</i>) | | | | | 6030204 (N4) | | | | 40 | |

Please print:

I, (Student name and surname), hereby confirm that I wish to register for the

Report 191 (Nated): Hospitality & Catering Services N..... course

I undertake to inform the administrative office of any changes regarding my personal details or change / cancellation of course.

| | | | |
|--|--|--------------|--|
| Signature of Student: | | Date: | |
| Signature of Parent / Guardian: | | Date: | |
| Signature of Lecturer / Registration Officer: | | Date: | |

**PLEASE NOTE:
EXAM ADMISSION SUBJECT TO THE REGULATIONS OF THE NATIONAL EXAMS DEPARTMENT**