

REGISTRATION FORM:

2	0	1	
---	---	---	--

REPORT 191 (NATED): EDUCARE FULL TIME

Select course level with a ✓	N4 50410002 NC4003	N5 50510002 NC5002	N6 50610001 NC6002	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	STUDENT NO

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	Computer Practice (Optional subject) (CPRACN4)	6030204			
Day Care Personnel Development (DCPDN4)	4110384						40
Education (EDUN4)	7080094						40
Educare Didactics Theory & Practical (EDUDIN4/N5/N6)	7080104		7080115	7080126			40
Child Health (CHILDN4)	9070244						40
Day Care Communication (DCCON5/DCOMN6)			5140225	5140236	✓		40
Educational Psychology (EDUPS5/N6)			20060105	20060116			40
Entrepreneurship & Business Management N4 (EBMANN5)			4090304				40
Day Care Management (DCMANN6)				4110396			40

Please print:
I, (Student name and surname), hereby confirm that I wish to register for the
Report 191 (Nated): Educare 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**