

REGISTRATION FORM:

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NATIONAL CERTIFICATE (VOCATIONAL) MARKETING FULL TIME

Select course level with a ✓	LEVEL 2 50203040 NC2MAR	LEVEL 3 50303040 NC3MAR	LEVEL 4 50403040 NC4MAR	CLASS GROUPS						
				A	B	C	D	E	F	G

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

STUDENT SURNAME		STUDENT INITIALS			
STUDENT NAMES					

STUDENT ID																STUDENT NO														
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BLOCK (CODE)	SUBJECT TYPE	SUBJECT DESCRIPTION	SUBJECT CODE (SELECT SUBJECT CODE & LEVEL WITH A ✓)			EXAM LANGUAGE IS ENGLISH	PASS %
			Level 2	Level 3	Level 4		
ITS: Y1	FUNDAMENTAL SUBJECTS (THREE)	English First Additional Language (EFAL2/3/4)	04101102	04101113	04101124		40
		Life Orientation (LIFO2/3/4)	07601012	07601023	07601034		40
		Mathematics Literacy (MLIT2/3/4)	10401012	10401023	10401034		30
	VOCATIONAL SUBJECTS (FOUR)	Marketing (MARK201/301/401)	03041002	03041003	03041004		50
		Advertising & Promotions (ADPR201/301/401)	03041012	03041013	03041014		50
		Marketing Communication (MCOM201/301/401)	03041022	03041023	03041024		50
		New Venture Creation (NVC201/301/401)	03011032	03011033	03011034		50

Please print:
I, (student surname and initials), hereby confirm that I wish to register for the
National Certificate (Vocational) Marketing course on Level

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**