South Cape College
Suid-Kaap Kollege
Ikholeji yasemZantsi-Kapa

REGISTRATION FORM: | 2 | 0 | 1 | |

NATIONAL CERTIFICATE (VOCATIONAL) HOSPITALITY *FULL TIME*

Select course level with a √	LEVEL 2 50211111 NC2HOS	LEVEL 3 50311111 NC3HOS	LEVEL 4 50411111 NC4HOS	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									

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)	Hospitality Generics ***(HGEN201/301/401)***	11011002		11011003		11011004			50
		Food Preparation ***(FPRE201/301/401)***	11011012		11011013		11011014			50
		Client Service and Human Relations ***(CSHR201/301/401)***	11011022		11011023		11011024			50
		Hospitality Services ***(HSER201/301/401)***	11011032		11011033		11011034			50

Please print:

I, ... (student surname and initials), hereby confirm that I wish to register for the

National Certificate (Vocational) Hospitality 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