

REGISTRATION FORM:

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REPORT 191 (NATED): MANAGEMENT ASSISTANT FULL TIME

Select course level with a ✓	N4 50404018 NC4008	N5 50504016 NC5007	N6 50604019 NC6007	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							
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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	Information Processing (<i>INFPRN4/N5/N6</i>)	6020254	6020275	6020286	6030196			
	Computer Practice (<i>CPRACN4/N5/N6</i>)	6030204	6030165	6030196	6030196				40	
	Office Practice (<i>OPRACN4/N5/N6</i>)	4021214	4021225	4021236	4021236				40	
	Communication (<i>COMN4/N5/N6</i>)	5140344	5140395	5140406	5140406	✓			40	

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