

REGISTRATION FORM: 

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**REPORT 191 (NATED): HUMAN RESOURCES MANAGEMENT FULL TIME**

Select course level with a ✓	N4 50404015 NC4007	N5 50504013 NC5006	N6 50604016 NC6006	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	Entrepreneurship & Business Management ( <b>EBMANN4</b> )	4090304						
	Personnel Management ( <b>PMANN4/N5/N6</b> )	4110424		4110435		4110466			40	
	Computer Practice ( <b>CPRACN4/N5/N6</b> )	6030204		6030165		6030196			40	
	Management Communication ( <b>MCOMN4</b> )	5140364					✓		40	
	Personnel Training ( <b>PERTRN5/N6</b> )			4110445		4110476			40	
	Labour Relations ( <b>LRELN5/N6</b> )			4110455		4110486			40	

**Please print:**

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

**Report 191 (Nated): Human Resources Management 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**