

REGISTRATION FORM:

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REPORT 191 (NATED): TOURISM FULL TIME

Select course level with a ✓	N4 50422001 NC4010	N5 50522001 NC5009	N6 50622000 NC6009	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	N4	N5	N6
		ITS: S1-SEM1 S2-SEM2	Travel Office Procedures (TOPN4/N5/N6)	4021154	4021165	4021176			50	50
Tourism Communication (TCOMN4/N5)	5140184		5140195			✓	50	50	50	
Tourist Destinations (TDN4/N5/N6)	22030044		22030115	22030086			50	50	50	
Travel Services (TSN4/N5/N6)	22030134		22030145	22030126			60	60	70	
Hotel Reception (HREC N6)				4061066					40	
Computer Practice (CPRAC N4)				06030204 (N4)			40			

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

Report 191 (Nated): Tourism 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**