

REGISTRATION FORM:

2 0 1

NATIONAL CERTIFICATE (VOCATIONAL) OFFICE ADMINISTRATION FULL TIME

Select course level with a ✓	LEVEL 2 50203060 NC2OA	LEVEL 3 50303060 NC3OA	LEVEL 4 50403060 NC4OA	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)	Business Practice (BUSP201/301/401)	03061002		03061003		03061004		50	
		Office Practice (OPRC201/301/401)	03061012		03061013		03061014		50	
		Office Data Processing (ODPC201/301/401)	03061022		03061023		03061024		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) Office Administration 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**