



higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA



South Cape TVET College
Suid-Kaap Kollege
Ikholeji yasemZantsi-Kapa

REGISTRATION FORM

| | | | | |
|------|---|---|--|--|
| YEAR | 2 | 0 | | |
|------|---|---|--|--|

REPORT 191 (NATED): FINANCIAL MANAGEMENT *FULL TIME*

| Block | Description | Tick ONE (v) |
|-------|-------------------------|--------------|
| S1 | SEMESTER 1 (Jan – June) | |
| S2 | SEMESTER 2 (Jul – Dec) | |

| Tick relevant Campus (v) | | | |
|--------------------------|----|-------------------|----|
| Beaufort West Campus | 02 | Hessequa Campus | 05 |
| Bitou Campus | 03 | Mossel Bay Campus | 06 |
| George Campus | 04 | Oudtshoorn Campus | 07 |

| | | | | | | |
|-----------------|--|------------------|--|--|--|--|
| STUDENT SURNAME | | STUDENT INITIALS | | | | |
| STUDENT NAMES | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| STUDENT ID NUMBER | | | | | | | | | | | | | | | | | | | | |
| STUDENT NUMBER | | | | | | | | | | | | | | | | | | | | |

For office use:

| SUBJECT DESCRIPTION | SUBJECT CODE (SELECT SUBJECT CODE & LEVEL WITH A v) | | | | | |
|---|--|---------|-----------------------|---------|-----------------------|---------|
| | NC4005 N4 50404016 | | NC5004 N5 50504014 | | NC6004 N6 50604017 | |
| | Financial Accounting (<i>FACCN4/N5/N6</i>) | 4010164 | | 4010175 | | 4010216 |
| Entrepreneurship & Business Management (<i>EBMANN4/N5/N6</i>) | 4090304 | | 4090315 | | 4090336 | |
| Management Communication (<i>MCOMN4</i>) | 5140364 | | | | | |
| Computerised Financial Systems (<i>CFINSN4/N5/N6</i>) | 6030154 | | 6030175 | | 6030186 | |
| Cost & Management Accounting (<i>CMACCN5/N6</i>) | | | 4010185 | | 4010196 | |

Please note:

1. Exam admission is subject to the regulations of the:

DEPARTMENT OF HIGHER EDUCATION AND TRAINING (DHET) NATIONAL EXAMINATIONS DEPARTMENT.

2. I undertake to inform the Campus Administrative Officer of any changes regarding my personal details or change/cancellation of my Course.

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|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|---------------------|--|--|--|--|
| Student Contact Number: | | | | | | | | | | | | | | | | | | | | |
| Signature of Student: | | | | | | | | | | | | | | | Date: |/...../20..... | | | | |