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: BUSINESS STUDIES – MEDICAL SECRETARY *FULL TIME*

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

Tick relevant Campus (√)					
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													*For office use:* STUDENT NUMBER									

SUBJECT DESCRIPTION	SUBJECT CODE (SELECT SUBJECT CODE & LEVEL WITH A √)					
	NC 4015 N4 50404019		NC 5015 N5 50504017		NC 6015 N6 50604020	
Communication ***(COMN4/N5/N6)***	5140344		5140395		5140406	
Information Processing ***(INFPRN4/N5/N6)***	6020254		6020275		6020286	
Office Practice ***(OPRACN4/N5/N6)***	4021214		4021225		4021236	
Medical Practice **(MPRACN4/N5/N6)**	09090154		09090165		09090176	

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.

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