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): TOURISM *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 √)					
	NC4010 N4 50422001		NC5009 N5 50522001		NC6009 N6 50622000	
Travel Office Procedures ***(TOPN4/N5/N6)***	4021154		4021165		4021176	
Tourism Communication ***(TCOMN4/N5)***	5140184		5140195			
Tourist Destinations ***(TDN4/N5/N6)***	22030044		22030115		22030086	
Travel Services ***(TSN4/N5/N6)***	22030134		22030145		22030126	
Hotel Reception ***(HRECN6)***					4061066	
Computer Practice ***(CPRACN4)*** ***(Optional under the Management Assistant Qualification)***					06030204 (N4)	

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.....