



REGISTRATION FORM: 

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**REPORT 191 (NATED): HOSPITALITY & CATERING SERVICES FULL TIME**

Select course level with a ✓	N4 50410008 NC8001	N5 50510006 NC9001	N6 50610004 NC7001	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																			
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STUDENT NO																			
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BLOCK	SUBJECT DESCRIPTION	SELECT SUBJECT CODE & LEVEL WITH A ✓						SELECT EXAM LANGUAGE WITH A ✓		PASS %
		N4	N5	N6	ENG	AFR				
		ITS: S1 –SEM 1 S2- SEM 2	Applied Management ( <i>APMANN4/N5/N6</i> )	4090594	4090605	4090576				
Sanitation & Safety ( <i>SAN&amp;SN4</i> )	8060094								40	
Catering Theory & Practical ( <i>CT&amp;PRN4/N5/N6</i> )	10070254		10070265	10070346					40	
Nutrition & Menu Planning ( <i>NU&amp;MPN4</i> )	10070274								40	
Entrepreneurship & Business Management N4 ( <i>EBMANN4</i> )			4090304 (N4)						40	
Food & Beverage Service N5 ( <i>F&amp;BSN5</i> )			10070355						40	
Communication & Human Relations N6 ( <i>C&amp;HRN6</i> )				5140306					40	
Computer Practice N4 ( <i>CPRACN4</i> )				6030204 (N4)					40	

**Please print:**  
I, ..... (Student name and surname), hereby confirm that I wish to register for the  
**Report 191 (Nated): Hospitality & Catering Services 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**