



REGISTRATION FORM:

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NATIONAL CERTIFICATE (VOCATIONAL) HOSPITALITY FULL TIME

Select course level with a ✓	LEVEL 2 50211111 NC2HOS	LEVEL 3 50311111 NC3HOS	LEVEL 4 50411111 NC4HOS	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)	Hospitality Generics (HGEN201/301/401)	11011002	11011003	11011004		50	
		Food Preparation (FPRE201/301/401)	11011012	11011013	11011014		50	
		Client Service and Human Relations (CSHR201/301/401)	11011022	11011023	11011024		50	
		Hospitality Services (HSER201/301/401)	11011032	11011033	11011034		50	

Please print:
I, (student surname and initials), hereby confirm that I wish to register for the
National Certificate (Vocational) Hospitality 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**