



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 (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																			
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For office use:

STUDENT NUMBER																			
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SUBJECT DESCRIPTION	SUBJECT CODE (SELECT SUBJECT CODE & LEVEL WITH A v)					
	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.....							