



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		
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NATIONAL CERTIFICATE (VOCATIONAL) OFFICE ADMINISTRATION *FULL TIME*

Block	Description	Tick (v)
Y1	YEAR 1 (Jan – 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)					
	NC20A LEVEL 2 50203060		NC30A LEVEL 3 50303060		NC40A LEVEL 4 50403060	
	English First Additional Language (EFAL2/3/4)	04101102		04101113		04101124
Life Orientation (LIFO2/3/4)	07601012		07601023		07601034	
Mathematics Literacy (MLIT2/3/4)	10401012		10401023		10401034	
Business Practice (BUSP201/301/401)	03061002		03061003		03061004	
Office Practice (OPRC201/301/401)	03061012		03061013		03061014	
Office Data Processing (ODPC201/301/401)	03061022		03061023		03061024	
New Venture Creation (NVC201/301/401)	03011032		03011033		03011034	

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.....							