

FOR OFFICE USE ONLY

Student number Receipt number

APPLICATION FOR ADMISSION

THE CLOSING DATES FOR APPLICATIONS ARE AS FOLLOWS:

- 1. 15 May for courses that start in July of the same year
- 2. 15 June for Correctional Services Management, Dental Technology, Medical Orthotics and Prosthetics, Policing, Pharmacy and Radiography, Road Traffic and Municipal Police Management: Municipal and Traffic Policing
- 3. 15 June for all international applicants
- 4. 31 July for Agriculture: Animal Production, Agriculture: Commercial Mixed Farming, Agriculture: Crop Production, Agriculture: Development and Extension, Analytical Chemistry, Architecture: Professional, Dental Assisting, Biomedical Technology, Biokinetics, Biotechnology, Business Communication, Clinical Technology, Economic Management Analysis, Engineering: Civil, (B Tech's), Engineering: Chemical, Engineering: Metallurgical, Environmental Health, Fire Technology, Geology, International Communication, Journalism, Legal Assistance, Nature Conservation, Nursing, Officiating and Coaching Science, Project Management, Public Relations Management, Quality, Sport and Exercise Technology, Somatology, Three-Dimensional Design, Veterinary Technology, all qualifications in the Arts Faculty and Education
- 5. 30 September for all other courses
- 6. A non-refundable fee of R240 for application, and certified copies of your identity document, Senior Certificate/National Senior Certificate and all other relevant documents must accompany the completed application form. If you pay the application fee electronically at a bank, the proof of payment must accompany the application form
- 7. Late applications will be considered if space is available

8. Please complete the form in BLOCK LETTERS and mark the applicable information with an X

The application fee can be deposited beforehand at: ABSA BANK ACCOUNT NUMBER: 04 000 0003 In the Reference column, please fill in your identity number. Send the deposit slip with the application form. Please refer to the important information on the back of this NB. Do not use this account number for any further payment.	th • If se page. • If	ne application form. Tyou are applying for admissi- ections A and C and page 10 of	on and residence, complete se	omplete
Were you previously registered at TUT, Technicon North Ga	uteng, Technicon Nort	th West or Technicon Pretori	a? Yes	No
If yes, please indicate your student number:				Initials
Please indicate if you are an international applicant:	Yes	No		
Surname	SECTION			
PR	OPOSED QUAI	LIFICATION		
Application for admission: 20				
When would you like to start with your course?	Jan	July (selected program	nmes only)	
First choice of Study				
(Please note: You will only be considered for your second choos accommodate additional students at that stage.)	oice if you have not bee	en selected for your first choi	ce, and only if the course con	cerned can still
Type of proposed study: Day classes	Evening classes	Full-time block	Part-time block	
Campus Pretoria, Soshanguve,	Ga-Rankuwa	Polokwane	Mbombela	eMalahleni
Second choice of Study				
Type of proposed study: Day classes	Evening classes	Full-time block	Part-time block	
Campus Pretoria, Soshanguve,	Ga-Rankuwa	Polokwane	Mbombela	eMalahleni
For office use only — Code	Block OT	SP		
Choice 1				



Choice 2



IMPORTANT INFORMATION

1. GENERAL

- It is in your interest to submit the application forms as soon as possible and not to wait until the closing date for applications.
- This form must be completed by all newcomer students;
- If you were registered at the Tshwane University of Technology for the previous academic term or part thereof, you need not complete this form again.
- Block letters and black ink must be used for completing this form in full.
- Applicants in need of accommodation must also complete this form.
- The prescribed administration fee of R240 must accompany this form and is not refundable.
- The potential of applicants for all courses will be evaluated.
- You may not submit more than one application form. If you wish to alter your choice at a later stage, you must do so in writing.
- Documents that are sent by fax are not acceptable, but you may scan and e-mail the certified documents. Refer to section 11 on this page.
- The processing of your application will be delayed. If you fail
 to complete this form in full, if you fail to attach all the required
 documents, if you fail to enclose the administration fee, if your
 application reaches the University after the relevant closing date.
- The University must be notified immediately of any change of address after the submission of this application.
- The reference number allocated to you must be quoted in all further correspondence.
- Should you, after having submitted this application, decide not to continue with your studies or to change your course, you must notify the Registrar of your decision immediately in writing.
- The University retains the right to refuse any application without stating reasons.
- All non-South African citizens must submit a study permit before registration. Provisional acceptance does not imply exemption from this requirement.
- Applicants will be informed in separate letters whether their applications for admission, financial assistance and accommodation were successful.

2. ADMISSION REQUIREMENTS

Consult the brochure of the faculty concerned to find out whether you meet the admission requirements for your proposed study field.

3. DOCUMENTS

Certified copies of the following documents must accompany each application:

All applicants

• Identity document.

Applicants for certificate, diploma and degree studies

- Senior Certificate/National Senior Certificate or equivalent qualification.
- An academic record in respect of studies at another tertiary institution.

Applicants for B Tech and postgraduate studies

 Official proof that all the requirements for a diploma or degree have been met.

4. CAMPUS

You must find out beforehand whether the course of your choice is actually presented at the campus you are applying for. Your application will be considered only in respect of one campus. If you are accepted for a course, such acceptance applies only to the campus concerned and it is not transferable.

5. UNIVERSITY RESIDENCES

Accommodation in residences is available only in eMalahleni, Ga-Rankuwa, Mbombela, Soshanguve and Pretoria, and only for bona fide day-class students.

6. AWARDING OF STATUS

Prospective students who obtained qualifications at other higher education institutions must apply on the prescribed application form to be granted a certain status for further studies at the Tshwane University of Technology.

7. RECOGNITION OF AND EXEMPTION FROM SUBJECTS

If you have already obtained credit(s) for a course and/or subjects at a higher education institution, you could possibly qualify for recognition of those subjects and/or exemption from corresponding subjects at the Tshwane University of Technology. You must submit your application in this regard on the prescribed form.

8. SUBMISSION OF APPLICATIONS

Your application and all correspondence must be sent to the campus where you intend studying.

9. LANGUAGE POLICY

In accordance with the language policy of the Tshwane University of Technology, the language medium for lectures is English.

10. LATE APPLICATIONS

- Will only be considered if space is available
- Applicants must establish whether space in a course is available before submitting an application.

11. ADDRESSES

PRETORIA Registrar, Private Bag X680, Pretoria, 0001 Staatsartillerie Road, Pretoria West, Tel. 086 110 2422, fax 012 382 5114 E-mail: admission@tut.ac.za

MBOMBELA Registrar, Private Bag 11312, Mbombela, 1200 Tel. 013 745 3500, fax 013 745 3512 E-mail: admissionnel@tut.ac.za

POLOKWANE Registrar, Private Bag X9496, Polokwane, 0700 Tel. 015 287 0700, fax 015 297 7609 E-mail: admissionpol@tut.ac.za

GA RANKUWA Registrar, Private Bag X680, Pretoria, 0001 Tel. 086 110 2422, fax 012 382 5114 E-mail: admission@tut.ac.za

SOSHANGUVE Registrar, Private Bag X680, Pretoria, 0001 Tel. 086 110 2422, fax 012 382 5114 E-mail: admission@tut.ac.za

eMALAHLENI Registrar, PO Box 3211, eMalahleni, 1035 Tel. 013 653 3100, fax 013 653 3101 E-mail: admissionem@tut.ac.za



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PERSONAL DETAILS

Surname				
Initials	Title	Mr Mrs	Miss	Dr Prof
Full names				
Preferred name / known by				
If married, maiden name				
Date of Birth		YYGene	ler Male	F Female
Identity number		Passport	number	
Home language	Afrikaans	English	Afrikaans\Eng	glish IsiNdebele
	Sepedi	Setswana	Sesotho	Siswazi
	Xitsonga	Tshivenda	Isixhosa	Isizulu
If other, specify language				
Marital status	Single	Married	Divorced	Widow(er)
Church affiliation	Anglican	Jehova's Wit	ness	Presbyterian
We need this information for	Apostolic (New)	Lutheran		Seventh Day Adventist
student support structure	Assemblies of God	Methodist		St. Johns Catholic
	Baptist	Muslim		St. Paul Faith Mission
	Church of Christ	Nazarene		St. Peters
	Dutch Reformed	None		Reformed
	Faith Mission	Not prepared	l to divulge	Roman Catholic
	Full Gospel	Other Protes	tant	Reformed Churches SA
	Hindu	Pentecostal I	Protestant	Zion Christian Church
	IPC			
If other, please specify				
Population group	Coloured	Indian	Ndebele	Northern Sotho
We need this information for	Southern Sotho	Swazi	Tsonga	Tswana
student support structure	Venda	Xhosa	White	Zulu
Citizenship	Angola	Countries	in Europe	Mozambique
Non - South African citizens,	Botswana	Countries	in North America*	Swaziland
indicate your country of origin	Countries in Africa*	Countries	in South America*	Namibia
	Countries in Asia*	Lesotho	[Zambia
	Countries in Australia ar	d Oceania* Malawi	[Zimbabwe
Countries in *, please specify				
Type of citizenship	RSA	Diplomatic	Other with permanen	t residence permit for South Africa
	Refugee		Other without perman	nent residence permit for South Africa
5 6 6 8 3	393 667030	Page 3		3 6 6 8 3 9 6 7 9 1 4 3 7

WHERE DID YOU HEAR ABOUT TUT?				,
Career exhibition Former student Word of mouth	Social Media			
Internet School visit Open day	Radio program	me	Guidance tea	cher\Counsellor
Are you currently employed?	vears?:			
WHAT IS YOUR PRESENT ACTIVITY BEFORE YOU START YOUR STUDIES?			-	
College of nursing student Grade 12 learner	Teacher's training		University of tec	hnology student
FET college student Labour force If you are registered as a student, please	University stud	ent	Other	
give us the name of the institution:				
Will you apply for subject exemptions? Yes No MEDICAL AID INFORMATION (Main Member deatils)				
Name of medical aid				
Medical aid number Title			Initials	
Surname				
Identity Number	Tel/Co	ell		
Relationship to student? Father Mother If other, please specify				
Specify medical conditions				
	es, please specify	type?	Manual	Electric
Have you been placed under administrative order by a Yes No If ye	es, specify the da	te D D	I M M I	YYYY
Has a court order declared you mentally unfit?	es, specify the da	te D D		YYY
PREVIOUS AND CURRENT TERTIARY STUDIES				
Student Number Institution Name of degree / diploma	Completed	Not Completed	Date degree was conferred	Year Year from to
EXTRAMURAL ACTIVITIES Indicate leadership positions and/or sport(s) and/or cultural activities you Cultural	-	the highest leve	els you have reached	
dilara		Calcal	Doglamal Duard	maial Matianal
Choir Debating	Sport	School colours	Regional Provi	
Choir Debating Leadership	Athletics			
Leadership	Athletics			
Leadership Class captain Residence prefect Head prefect residences	Athletics Basketball			
Leadership Class captain Residence prefect Head prefect residences Library prefect Head prefect Deputy head prefect residences	Athletics Basketball Cricket			
Leadership Class captain Residence prefect Head prefect residences Library prefect Head prefect Deputy head prefect residences School prefect Deputy head prefect Deputy head prefect sport If other leadership,	Athletics Basketball Cricket Hockey			
Leadership Class captain Residence prefect Head prefect residences Library prefect Head prefect Deputy head prefect residences School prefect Deputy head prefect Deputy head prefect sport If other leadership, please specify DISABILITY If you have a disability, but choose not to disclose it on this form, the Tshwane University of	Athletics Basketball Cricket Hockey Netball Rugby Soccer			
Leadership Class captain Residence prefect Head prefect residences Library prefect Head prefect Deputy head prefect residences School prefect Deputy head prefect Deputy head prefect sport If other leadership, please specify If other sport, please specify	Athletics Basketball Cricket Hockey Netball Rugby Soccer ty. Tennis			
Leadership Class captain Residence prefect Deputy head prefect residences School prefect Deputy head prefect residences School prefect Deputy head prefect peputy head prefect sport If other leadership, please specify If other sport, please specify DISABILITY If you have a disability, but choose not to disclose it on this form, the Tshwane University of Technology is under no obligation to assist or accommodate you with regards to that disability None Hearing (even with hearing aid) Communication (talking listening) Emotional (behavioural,	Athletics Basketball Cricket Hockey Netball Rugby Soccer Tennis			
Leadership Class captain Residence prefect Head prefect residences Library prefect Head prefect Deputy head prefect residences School prefect Deputy head prefect Deputy head prefect sport If other leadership, please specify If other sport, please specify DISABILITY If you have a disability, but choose not to disclose it on this form, the Tshwane University of Technology is under no obligation to assist or accommodate you with regards to that disability None Hearing (even with hearing aid) Cognitive (difficulties in learning technology and the playioural of the playio	Athletics Basketball Cricket Hockey Netball Rugby Soccer ty. Tennis			
Leadership Class captain Residence prefect Head prefect residences Library prefect Head prefect Deputy head prefect residences School prefect Deputy head prefect Deputy head prefect sport If other leadership, please specify If other sport, please specify DISABILITY If you have a disability, but choose not to disclose it on this form, the Tshwane University of Technology is under no obligation to assist or accommodate you with regards to that disability None Hearing (even with hearing aid) Cognitive (difficulties in learning sight Emotional (behavioural, psychological)	Athletics Basketball Cricket Hockey Netball Rugby Soccer ty. Tennis			
Leadership Class captain Residence prefect Head prefect residences Library prefect Head prefect Deputy head prefect residences School prefect Deputy head prefect Deputy head prefect sport If other leadership, please specify If other sport, please specify DISABILITY If you have a disability, but choose not to disclose it on this form, the Tshwane University of Technology is under no obligation to assist or accommodate you with regards to that disability None Hearing (even with hearing aid) Cognitive (difficulties in learning light Communication (talking, listening) Emotional (behavioural, psychological) Physical (moving, standing, grasping) or multiple: Specify	Athletics Basketball Cricket Hockey Netball Rugby Soccer ty. Tennis			

=		ADDRESS	ES (all compulse	ory)	_
APPLICANT'S POST	'AL ADDRESS				
			Postal Code	Fax	
Tel.(H)		Tel.(W)		Cell	
E-Mail					
APPLICANT'S RESII	DENTIAL ADDRESS	(A post office box must not	be indicated here)		
			Postal Code		
STUDY ADDRESS (I	If already known)		Postal Code		
			Postal Code		
PARENTS' ADDRESS		rdian)			
Father	Stepfather		Title	Initials	
Surname					
Address					
			Postal Code	Fax	
Tel. (H)		Tel.(W)		Cell	
E-Mail					
Mother	Stepmother	•	Title	Initials	
Surname					
Address					
			Postal Code	Fax	
Tel (H)		Tel. (W)		Cell	
Tel. (H)		r er. (w)		cen	
E-Mail					
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Guardian				Title		Initials		
Surname								
Address								
			P	Postal Code	Fax			
Tel.(H)		Tel.	(W)		Cell			
E-Mail								
			SCHOOL PA	ARTICULARS	S			
Name of school attended								
Province			Ex	xamination number				
Highest grade passed	Grade 11	Gr	ade 12 Fi	nal exam year		Final ex	am month	
pri sta TYPE OF CERTIFICATE	ncipal must cert mp, your applica	ify the correctnation cannot be	ess of your Grade 1 considered. Any alt	11 results and the la ernations must be s	test Grade 12 res signed in full by th	ate/statement of final ults. Without this sign ne person who certifie	ature and the	school
Currently Grade 1			NSC Admission Bac NSC Admission Dip		INS	C Admission None		
Subject	Percentage %	Level Subj		Percentage %	Level Subject	ct	Percentage %	Level
Accounting		1-7	Afrikaans First Addit	tional	1-7	Afrikaans Home Language		1-7
Accounting Agricultural Science			Language Business Studies			Computer Applications		
Consumer Studies			Dramatic Arts			Economics		
Engineering Graphics and Design			English First Addition Language	nal		English Home Language		
Geography			History			Hospitality Studies		
Information Technology			isiNdebele Home Lang	guage	i	isiXhosa Home Language		
isiZulu Home Language			Life Orientation			Life Sciences		
Mathematical Literacy			Mathematics			Phy si cal Sci ences		
Sepedi Home Language			Sesotho Home Langua	age		Setswana Home Language		
SiSwati Home Language			Tourism			Tshivenda Home Language		
Xitsonga Home Language								
Please indicate with whice apply?	h results do you		Grade 11	Mid Grad	e 12 Fi	nal Grade 12		
2 6 6 8 3 9 3	667033		Pa	ge 6		3 6 6 8 3 9 6	7 9 1 4 3 7	

OTHER SUBJECTS Subject Name										Per	centage	% Level 1-7
	MUST BE C	COMPLET			AL OF YOUR SCHOO		OU ARE CURRENTLY IN	GRADE 12				
Ι			me of pr									
The pr	incipal of								Sc		l St	
Declare that the information on the MATRIC BEFORE 2008	his page is		lame of s		sponds to the offi	cial so	chool records.					
Joint Matriculation Board (fu	ıll exempti or	1)	Fo	reigners'	conditional exempti	on		Grade 12 F	Practi cal			
Ordinary conditional exempt	ion		In	nmigrants	' conditional exempt	ion		Discretion	ary Provi	sion		
Exemption on grounds of age					r Certificate							
Subject	HG	SG	LG	Sym	Percentage %	Sub	ject	HG	SG	LG	Sym	Percentage %
Afrikaans (1st Language)							Agricultural Science					
Afrikaans (2nd Language)							Art					
English (1st Language)							Biblical Science					
English (2nd Language)							Biology					
North Sotho (1st Language)							Business Economics					
Ndebele (1st Language)							Computer Typing					
Swazi (1st Language)							Computer Studies					
South Sotho (1st Language)							Economics					
Tsonga (1st Language)							Geography					
Tswana (1st Language)							History					
Venda (1st Language)							Home Craft					
Xhosa (1st Language)							Mathematics					
Zulu (1st Language)							Metal Craft					
Accounting							Physical Sciences					
1 668393 6670	3 4				Page 7			3	6683	9 6 7	9 1 4 3	7

Other Matric N3 NCV Level 4 NCV L4 Admission Certificate NCV L4 Admission Bachelor NCV L4 Admission Diploma Subject Name Level Sym Percentage %





SECTION B

								RES	IDEN	CE AI	PPLIC	ATIO	N					
Do yo	u want to apply for	· accom	mod	ation i	n a resider	nce?	Yes			selectin ail and s				taining accommo	datio	n in a residence. Success	ful residence	applicants will be
						SECT	ION C : DO	NOT INCLUDE AN							CAT	ION		
								APPLICATIO	N FO	R FIN	IANCI	AL A	SSISTAN	ICE				
Doyo	u require financial	assista	nce?	[Yes	N	0	e note that selecting " nation):	Yes" doe	es not gu	arantee	inancia	assistance)	: You will need to	prov	ide supporting docume	nt's to substa	antiate the below
Please	complete the follo	wingin	form	ation i	n full of all	family men	nbers, even if o	deceased in which cas	se proof	would b	e needed	:						
Member Number	ID No	umber					Member nd Surname	Relation to Applicant (Sister/Mother/ Father/Guardian/ etc.)	study	member ying at ry level?	Is family decea	member ased?	(Salary/ Pension/ Affidavit/ Deceased)	Annual Income (Monthly income x12)	Age Yrs	Occupation	Number of years Employed	Name of Employer
1									Y	N	Y	N						
2									Y	N	Y	N						
3									Y	N	Y	N						
4									Y	N	Y	N						
5									Y	N	Y	N						
6									Y	N	Y	N						
7									Y	N		N						
8									Y	N		N						
9																		
1. This 1.1 1.2 1.3 1.4 2. Only 3. Only 4. Sup Note:	y South African Citi y students enrolled portive documen Please follow up	e the cl tion is admiss ou have zens w for sul ts and this ap	comp comp comp to up ill be osidiz info	g date deted in the unded the considered and pro- rmation	of 15 Noven full; niversity; he suppor lered for for ograms wi	ting docum anding. Il be eligible ed above v local Finan	e for funding. will be subjecticial Aid Office	t to the qualification e before 30 Novemb	n that it oer.				to the "Me	morandum of A	green	.ac.za/students/financi: nent on page 10). From out of tow		
Postal (ode of physical addres		Ш			Type of Res	idence while stu	idying (tick appropriate	block)			residen	0	Staying at	home	off campus		TUT Residence
			$\ \ \ $							Pag	ge 9							

MEMORANDUM OF AGREEMENT Should my application be successful declare that -1. All particulars given by me in this form are true and correct; I will acquaint myself with the rules and regulations of the Tshwane University of Technology and will abide by them; 3. I will inform the Registrar immediately, in writing, would I change my address or cancel or change my course or any subjects; 4. I am aware that my enrolment is valid only if it complies with the relevant regulations of the University; notwithstanding provisional acceptance of this enrolment by the University; 5. I am aware that fees and legal costs will be recovered from me should I fail to fulfil my financial commitments towards the University; 6. I hereby give consent to the University and its subcontractors or operators to collect and process my personal information for the purposes of this agreement provided such information is kept confidential: I understand that subject to applicable laws and rules and regulations of the University, I may access the personal information TUT has about me by contacting the office of the Registrar and if necessary request that corrections be made; 8. I authorise the University to provide information relating to my studies and conduct while at the University to other educational institutions, my parents or legal guardian, my employer and my sponsors to enable such a sponsor or funder to determine the continuation of such sponsorship or funding; I authorise the University to provide information relating to my studies and conduct to potential sponsors or potential employers to enable such potential sponsor or potential employer to decide whether to provide me with funding, training or employment opportunities: 10. I grant the University permission to enquire and verify my qualifications already obtained in other institutions; . I record and warrant that I have obtained the information as required in section C of this application form, directly from the household / family members listed and that I have their consent to convey it to you and that you may verify such information. I verily believe that the information disclosed is true and correct, and this information thus made available whether disclosed or undisclosed is subject to the qualification that it may be verified, with the understanding that the Financial Aid Office will keep the information confidential. 12. I accept full responsibility for the payment of all class and/or residence fees as well as any other fees determined by the Tshwane University of Technology; 13. I accept that my examination results/certificate/diploma/degree and study records may be withheld under the following circumstances: (a) In the event of my student account being in arrears, or (b) In the event of any disciplinary matter pending against me; 14. I hereby cede and transfer to the University all rights and title in any intellectual property created by me during my course of study or in any research project I undertake at the University, unless otherwise agreed. Signature of applicant:_ Herein assisted as far as may be necessary while the applicant or student is still under the age of eighteen years. (PRINT FIRST NAMES AND SURNAME) the undersigned, in my capacity of legal guardian) hereby admit that I am to be jointly and separately responsible for moneys, the above applicant may at any stage owe the Tshwane University of Technology in terms of the agreement that he/she has concluded with the University, as set out above, including any

Tshwane University of Technology

INDEMNITY AGAINST CLAIMS FOR LOSS OR DAMAGES

I,(full
name), the undersigned, hereby declare that I (including my dependants) shall not institute any claim of any nature whatsoever against the Tshwane University of Technology or any employee of the Tshwane University of Technology, acting within his or her employment capacity, nor shall I in any way whatsoever hold the Tshwane University of Technology responsible for any loss or damage that I may suffer in person or in respect of any property of mine, or which may directly or indirectly arise from my commitment, as a registered student, towards the Tshwane University of Technology, resulting from any act or omission whatsoever during the full period of my tuition and/or practicals, or during any sport activity that I undertake, or during any time that I live in a residence of the Tshwane University of Technology, or during any trip of journey that I undertake to or from such residence or tuition or practical training or with regard to any activities at practical training locations, regardless of the way in which such loss or damage may occur and regardless of who or what may be responsible. I undertake to participate in any activity that I am expected to participate in, on my own responsibility, voluntarily taking on any risk I may expose myself to in connection with any such activity.
I hereby confirm that I will timeously acquaint myself with all the information and rules in connection with practical training, and that I am, as a registered student of the Tshwane University of Technology, bound to adhere to the General Rules and Regulations of the Tshwane University of Technology
I understand that the terms and conditions of this indemnity shall remain in force for the duration of my studies at the Tshwane University of Technology.
I furthermore declare that, in case I am injured in such a manner that I cannot personally give consent to any medical treatment or medical intervention that I may be in the dire need of, the supervisory staff
may sign the necessary letters of consent on my behalf.
may sign the necessary letters of consent on my behalf.
may sign the necessary letters of consent on my behalf. Thus signed at
may sign the necessary letters of consent on my behalf. Thus signed at day of 20
may sign the necessary letters of consent on my behalf. Thus signed at day of 20 Student's signature: Signature of parent/guardian, if applicable:
may sign the necessary letters of consent on my behalf. Thus signed at day of 20 Student's signature:
may sign the necessary letters of consent on my behalf. Thus signed at day of 20 Student's signature: Signature of parent/guardian, if applicable:
may sign the necessary letters of consent on my behalf. Thus signed at



NB: IT IS COMPULSORY THAT THIS MEMORANDUM OF AGREEMENT BE SIGNED BY ALL

alteration to such agreement.

PARTIES CONCERNED

Signature of parent or legal guardian:_

