

Amendments to Enrolment

Undergraduate/Postgraduate

Please return this form to the Faculty of Humanities

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SECTION 1: CU	RREN	T DETAILS (All applicants m	ust c	omple	te this	secti	on)								
Last Name/Surn	ame (a	as per Identity Document)								I					
First Name															
Level of Study															
Person Number/Student Number															
Date of Birth															
	Mont	h (e.	g. Dec)		Υe	ear		1							
South African ID															
SECTION 2: CH	ANGE	OF PROGRAMME													
Programme	Old:	•		New:											
	Full-	Γime:		Part-Time:											
Attendance	From	n:		То:											
SECTION 3: AM	IENDI	MENTS TO UNIT ENROLMEN	т												
i) Course you v			•			,		ı		,					
						Τ					Approved (signature) by				
Course Cod	е	Course/Topic Name					Unit Class		Term		Course Coordinator				
						_									
ii) Courses you	want	to register for				_		<u> </u>		П					
Course Code		Course/Topic Name					Unit Class		Term		Approved (signature) by Course Coordinator				

Please note that if you are on financial aid and you want to add a unit/units to your enrolment in July, you will be personally liable for the fees of these units. International students need to obtain a new clearance certificate from the International Office if you are adding courses.

SECTION 4: POSTGRADUATE REQUESTS										
Requests for:										
i) Extension of time for submission	on of research proposal	From	То							
ii) Extension of time for submission	on of research for examination	From	То							
iii) Give details of any previous ex	xtensions	From	То							
iv)* Registration to be put in abey	yance	From	То							
v) Give details if your registration	has been put in abeyance before	From	То							
vi) Title of research to be change	;d									
From										
То										
vii) Change of Supervisor		From	То							
*This applied to MA by research and PhD students ONLY. Please supply letter from employer to indicate when enrolment commenced										
SECTION 5: MOTIVATION FOR POSTGRADUATE REQUESTS										
Motivation from Candidate										
Student's Signature										
Motivation from Supervisor										
Supervisor's Signature										
PG Coordinator/HOS Signature										
Date Submitted to Faculty										
FOR OFFICE USE ONLY										
Signature of Student:										
Date Submitted:										
Name & Signature of Faculty										
Officer:										

PROOF OF RECEIPT OF	MENT FO	RM					
Date Submitted :							
Received By:							
Person No.:							
Reason for Amendment:							
Signature:							