

# RE-REGISTRATION FORM APPLICATION FOR RE-WRITING OF FAILED MODULES



NOV. 2016

*Education is the greatest equaliser*

Please complete this form in full.

## PLEASE COMPLETE IN BLOCK CAPITALS ONLY

STUDENT NUMBER: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

INITIALS: \_\_\_\_\_ CELL/TE.: \_\_\_\_\_

YEAR \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

## PLEASE INDICATE THE SUBJECT AND THE SUBJECT CODE

SUBJECT	CODE:	AMOUNT PER SUBJECT:
1. _____	: _____	: _____
2. _____	: _____	: _____
3. _____	: _____	: _____
4. _____	: _____	: _____
5. _____	: _____	: _____
6. _____	: _____	: _____
7. _____	: _____	: _____
8. _____	: _____	: _____

TOTAL: \_\_\_\_\_ N\$: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

REGISTRAR: \_\_\_\_\_