

Student Number:	<input type="text"/>	Study Level:	<input type="text"/>
Academic Year:	<input type="text"/>	Years Enrolled:	<input type="text"/>
Faculty:	<input type="text"/>		
Programme:	<input type="text"/>		
Focal Area:	<input type="text"/>		

Title:	<input type="text"/>	Date of Birth:	<input type="text"/>
Surname:	<input type="text"/>	Gender:	<input type="text"/>
First Name(s):	<input type="text"/>	Marital Status:	<input type="text"/>
Identity Number:	<input type="text"/>		
Passport Number:	<input type="text"/>		

Home Address:	<input type="text"/>	Change of details:
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postal Code:	<input type="text"/>	
Phone Number:	<input type="text"/>	

Residence Address:	<input type="text"/>	Change of details:
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postal Code:	<input type="text"/>	
Phone Number:	<input type="text"/>	

MODULE DETAILS

Insert the module details here that you wish to register for. Applicable modules may be found in the [Medicine and Health Sciences, Yearbook \(Part 12\)](#)

Description	Add/Del	Module Code	Year Level	Semester	Credits

DECLARATION

I (full name & surname of student) _____ hereby declare that I agree that the module selection is correct and that my final registration is still subject to the applicable programme rules and module requisites.

Signature
(Student):

Date:

Signature
(for the Registrar):

Date: