## **ACADEMIC SUBJECT SELECTION**

**SUBJECT CODE** 

**SUBJECT NAME** 

EXAMPLE:

Visit the relevant Faculty/Departmental website: https://www.uj.ac.za/faculties/ and list all the courses that you intend to follow (maximum of 4 courses per semester). Please note that course selection is subject to the course offering by departments and approval from relevant departments.

**DEPARTMENT** 

**FACULTY** 

Logistics Management	214	Department of Logistics	Management Sciences
Number of credits required during	g semester (please ir	ndicate USA or ECTS):	
DECLARATION BY HOME UNIVER	SITY:		
Name:		I h	ereby state that (name and surname of the
student)		has	s the full support of the home university to
spend the following period studyi	ng at the University o	of Johannesburg:	
From:	To:		
Signature:			
Faculty/Department:			
Date:			
Function:			
Physical Address:			
lel:	Fax:		
Email:			
OFFICIAL STAMP OF TH	IE UNIVERSITY		