

FACULTY OF HEALTH SCIENCES



**APPLICATION FOR ADMISSION
UG AND PG BELOW M
2023**

1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR
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1. NAME OF DEPARTMENT:
2. QUALIFICATION NAME:
3. INITIALS AND SURNAME:
4. STUDENT NUMBER:
5. IDENTITY NUMBER:
6. EMAIL ADDRESS:
7. CONTACT NUMBER:

PLEASE NOTE THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS REQUEST:

- A written motivation request, signed from the student
- Global record of student

ADMISSION APPROVED	ADMISSION NOT APPROVED
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SIGNATURE OF STUDENT

DATE

SIGNATURE OF HOD

DATE