

**APPLICATION FOR REGISTRATION AS
A VISITING STUDENT IN MEDICINE, MEDICAL SCIENCE,
DENTISTRY, DENTAL THERAPY, ORAL HYGIENE OR
EMERGENCY CARE**

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

**Note: All applications must be submitted via the local University in South Africa to:
The Registrar, PO Box 205, Pretoria 0001**

**FOR
OFFICE
USE ONLY**

A. To be completed by a teaching institution abroad where the applicant is a full-time student.

I, the undersigned, hereby certify that:

(Dr, Mr, Mrs, Miss) : Surname :

First names : Passport number :

He/she is in his/her year of study for the degree of

Received on

Amount

Receipt No.

No.

Reg. Date

CAPTURED

DATE

VERIFIED

DATE

**SEAL/STAMP OF ABROAD
TEACHING INSTITUTION**

DATE

**DEAN OF THE FACULTY
OR
REGISTRAR OF TEACHING INSTITUTION**

B. Please submit together with your application:

- a) Current registration fee of **R527.00, (from 1 April it will be R558.00)**. This fee must be remitted by a bank draft drawn on a bank in South Africa. Registration fees are subject to review.
- b) A certified copy of the applicant's passport.

C. To be completed by the University in South Africa where student is to be temporarily registered.

I, the undersigned, hereby certify that:

(Mr/Mrs/Miss) : Surname :

First names :

will commence attendance of a course or courses in the (first, second, etc.) year of study in the faculty/school of

This student is enrolled for a course in (subject) in a temporary capacity for a period not exceeding one academic year and not for degree purposes.

The student concerned will attend classes in the Department of at this University from the (day) (month) 20..... to (day) (month) 20.....

**SEAL/STAMP OF UNIVERSITY IN
SOUTH AFRICA**

DEAN/REGISTRAR

DATE

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.