

REGISTRATION FORM:

2	0	1	
---	---	---	--

NATIONAL CERTIFICATE (VOCATIONAL) TOURISM FULL TIME

Select course level with a ✓	LEVEL 2 50211110 NC2TOU	LEVEL 3 50311110 NC3TOU	LEVEL 4 50411110 NC4TOU	CLASS GROUPS						
				A	B	C	D	E	F	G

Select campus with a ✓	CAMPUS NAME	BEAUFORT WEST	BITOU	GEORGE	MOSSEL BAY	OUDTSHOORN
	CAMPUS CODE	02	03	04	06	07

STUDENT SURNAME						STUDENT INITIALS			
STUDENT NAMES									

STUDENT ID																			
STUDENT NO																			

BLOCK (CODE)	SUBJECT TYPE	SUBJECT DESCRIPTION	SUBJECT CODE (SELECT SUBJECT CODE & LEVEL WITH A ✓)			PASS %
			Level 2	Level 3	Level 4	
ITS: Y1	FUNDA- MENTAL SUBJECTS (THREE)	English First Additional Language (EFAL2/3/4)	04101102	04101113	04101124	40
		Life Orientation (LIFO2/3/4)	07601012	07601023	07601034	40
		Mathematics Literacy (MLIT2/3/4)	10401012	10401023	10401034	30
	VOCATIONAL SUBJECTS (FOUR)	Client Service and Human Relations (CSHR201/301/401)	11011022	11011023	11011024	50
		Science of Tourism (STOU201/301/401)	11011042	11011043	11011044	50
		Sustainable Tourism in South Africa (STSA201)	11011062			50
		Sustainable Tourism in South Africa and Regional Travel (STSR301)		11011063		50
		Sustainable Tourism in South Africa and International Travel (STSI401)			11011064	50
		Tourism Operations (TOUP201/301/401)	11011072	11011073	11011074	50

Please print:
I, (student surname and initials), hereby confirm that I wish to register for the
National Certificate (Vocational) Tourism course on Level
I undertake to inform the administrative office of any changes regarding my personal details or change / cancellation of course.

Signature of Student:		Date:	
Signature of Parent / Guardian:		Date:	
Signature of Lecturer / Registration Officer:		Date:	

**PLEASE NOTE:
EXAM ADMISSION SUBJECT TO THE REGULATIONS OF THE NATIONAL EXAMS DEPARTMENT**