

DSAR02

Addition and cancellation application form

Initials & surname	<input type="text"/>
Student number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Qualification	<input type="text"/>
Specialisation	<input type="text"/>

Addition of study units

Study unit	Exam period			Study unit	Exam period		
	S1	S2	Yr		S1	S2	Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will your qualification be completed with this registration? Yes No

Cancellation of study units

Please take note of exclusion from studies before cancelling any study unit/s.

Study unit	Study unit	Study unit	Study unit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NB: You will forfeit the minimum fee per module

Cancellation of qualification

Do you want to cancel all the study units registered for this academic year? Yes No

I declare that all the particulars furnished by me on this form are true and correct, and I undertake to comply with the rules, regulations and decisions of the University, and any amendments thereto, and have taken note of advice which may be applicable to students in general and/or to the field for which I am registered.

Signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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For office use only

RMC: File	Operator code	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This form can be faxed to 012 429 4150 or posted to the university at PO Box 392, Unisa, 0003