

REGISTRATION FORM

Centre for Software Engineering

2017

1. Please complete this form **in block letters**. All the information requested **MUST** be completed.
2. Registration will only be completed once your student number has been issued, and you have paid the full course fees.
3. **FAX** the completed registration form as well as a photocopy of ID document or passport and a copy of your Matric or Higher Education Certificate to 011 670 9174 / 011 670 9274 **or BRING** the documentation to the CENSE Offices, GJ Gerwel Building, Floor 3, Room 05, Cnr Christiaan de Wet and Pioneer Avenue, UNISA Science Campus, Florida, or **EMAIL** the documentation to cense@unisa.ac.za
4. The *Centre* retains the right to refuse any application without giving any reasons.
5. For the relevant codes you will have to refer to **SECTION 5:** of the brochure when completing the registration form.

STUDENT NUMBER (to be issued by CENSE):

Course code : (See 5.1.9)	Qualification code : (See 5.1.9)
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Surname:	Initials:	Title (Dr, Mr, Mrs):
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First Names:	Maiden or Previous Surname:
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Date of Birth:								Gender (Mark with X)	Male	Language for Correspondence (Mark with X)	Afrikaans
	Y	Y	M	M	D	D			Female		English

Identity Number (RSA) / Passport number (Foreigner):

<p>How did you hear about the course:</p> <p><input type="checkbox"/> UNISA Website</p> <p><input type="checkbox"/> CENSE Website</p> <p><input type="checkbox"/> Financial Mail Essentials</p> <p><input type="checkbox"/> Careers Unlimited For Learners</p> <p><input type="checkbox"/> Careers Unlimited For Graduates</p> <p>If others please specify.....</p>	<p>Physical Disability : (See 5.1.1)</p> <p>Cellphone Number:</p> <p>Fax Number:</p> <p>Country of Nationality : (See 5.1.2)</p> <p>Population Group : (See 5.1.3)</p> <p>Home Language : (See 5.1.4)</p> <p>Occupation : (See 5.1.5)</p> <p>Economic sector : (See 5.1.6)</p> <p>Previous Economic Activity : (See 5.1.7)</p>
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Telephone: Code & number	Home:	Work:
E-mail address (please PRINT clearly):		
Exam Centre: (See 5.1.8)	CODE:	NAME:
Postal Address of Student:		Physical address of Student:

COURIER ADDRESS (COMPULSORY): Please note that your study material will be couriered to you. There must be someone during the day at the address to receive the study material. We also need a contact number where the couriers can contact you.

CONTACT NUMBER:
Alternative number:

Declaration and Understanding:

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 the Centre, and any amendments thereto, which may be applicable to in general and to the field of study for which I am registered. I undertake to protect the copyright of the University and under no circumstances to make the study material available for use by any other person. I understand that this signed contract is binding and that I am responsible for the payment of the course fees in full. In the case that my credit card is not honoured by the bank my registration will not be processed.

STUDENT'S SIGNATURE: _____

DATE: _____