

POSTGRADUATE APPLICATION FOR RE-ADMISSION*

STUDENT NO:				
SURNAME:				
NEW SURNAME:				
FULL NAMES:				
IDENTITY NUMBER:				
CELL-PHONE NO.:				
ADDRESS				
INDICATE FOR WHICH DIPLO	MA/DEGREE YOU LAST REGISTE	RED FOR:		
FOR WHICH DIPLOMA/DEGR	EE PROGRAMME DO YOU NOW	WISH TO BE RE-ADMITTED	то:	
REASONS FOR TERMINATION	OF STUDIES:			
Signature of Applicant				Date
ADMISSIONS OFFICE				
Signature of Officer who pro-	cessed the application			Date
ADMISSIONS OFFICER				DATE
APPROVED	NOT APPROVED			
APPROVED	NOT APPROVED			
REASONS FOR APPROVAL/DI	SAPPROVAL:			
THE FACULTY				
	on the PQM? YES / NO (Circle t			
2. Has the curriculum	changed since the first registra	tion of the student? YES / I	NO (Circle the correct opt	ion)
Faculty Administrator's signa	ture		Date	
Dean's Signature			Date	
APPROVED	NOT APPROVED			
REASONS FOR APPROVAL/DI	SAPPROVAL:			

*It is brought to your attention that curricula for diplomas and degree may change/discontinue from time to time. Students who have broken their studies for one year or more, may have to register and complete more modules than they were expected to complete at the time of their first registration.