

SEKHUKHUNE FURTHER EDUCATION AND TRAINING COLLEGE

ENROLMENT FORM - ICDL

STUDENT NUMBER	
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TITLE	SURNAME OF STUDENT													
FIRST NAMES														
ID NUMBER														
GENDER	M		F		DISABLED				Y		N			
	(Specify Disability)													
STUDENT CELL														
LANGUAGE	ENGLISH			SEPEDI			OTHER (Specify)							
RACE	BLACK			COLOURED			OTHER (Specify)							
NATIONALITY	SA		OTHER (Specify)											
PARENT/GUARDIAN														
POSTAL ADDRESS														
	PROVINCE							Postal Code						
TEL No	HOME													
PARENT	CELL													
COURSE CODE	5	1	1	1	1	9	9	9						
FULL TIME	EXAM ONLY				*****									
MODULES	DESCRIPTION												AMOUNT	
MODULE 1	CONCEPTS OF INFORMATION TECHNOLOGY													
MODULE 2	USING THE COMPUTER AND MANAGING FILES													
MODULE 3	WORD PROCESSING													
MODULE 4	SPREADSHEETS													
MODULE 5	DATABASE													
MODULE 6	PRESENTATIONS													
MODULE 7	INFORMATION AND COMMUNICATION													
ADMINISTRATION FEE														
LOGBOOK (Compulsory at first enrolment)														
TOTAL														

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NAME: LECTURER

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SIGNATURE

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NAME: DATA CAPTURER

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DATE